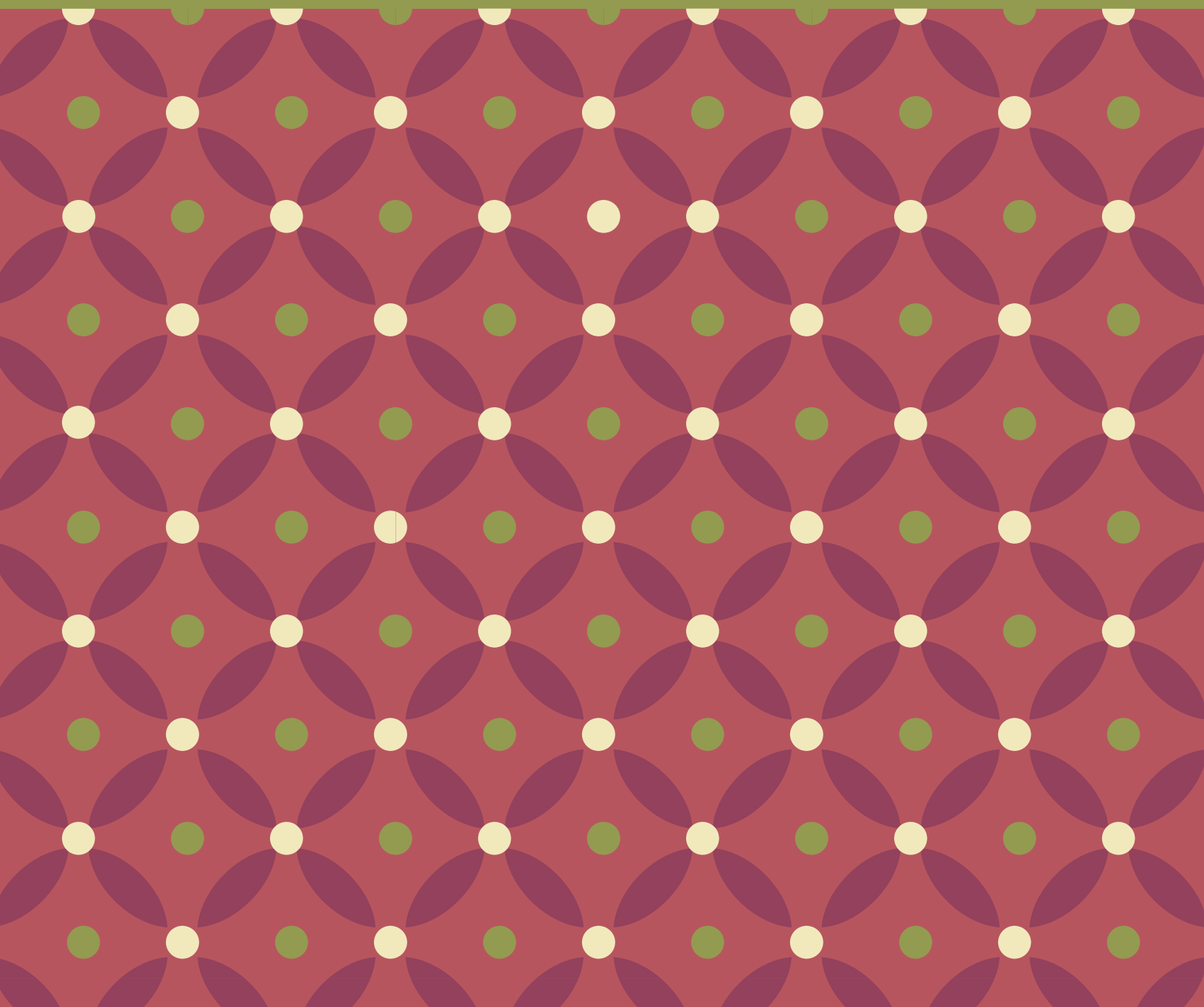


A Guide to Women's Health Rights



IN CONNECTICUT



About Us

The Permanent Commission on the Status of Women works to eliminate sex discrimination in the state of Connecticut. Created by the legislature in 1973, the Commission studies all matters concerning women; informs business, education, and government leaders about sex discrimination; serves as a liaison between government and private interest groups concerned with services for women; promotes consideration of qualified women to all levels of government positions; and works with state agencies to assess programs and practices as they affect women.

The Foundation for Connecticut Women was created in 2000 to support the Permanent Commission on the Status of Women (PCSW) by informing leaders about the nature and scope of sex discrimination. The Foundation is designed to educate leaders and the general public about the status of women in Connecticut, including, but not limited to, issues concerning health care, economic equity, the causes of poverty, and family law.

In 1993, the Commission convened the Connecticut Women's Health Campaign, a broad coalition of groups who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. Our mission is:

- to achieve access to health care for all women and girls in Connecticut;
- to advance the representation of women at all levels of decision-making, research and service delivery;
- to promote awareness of women and girls' health care needs; and
- to educate the public, especially state policymakers, about these needs.

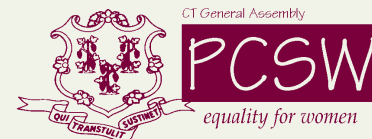
GUIDING PRINCIPLES

Health care for women should be:

- Gender appropriate
- Culturally competent
- Comprehensive and preventive
- Universal
- Confidential

This Guide is intended to provide useful information on the rights of women in the health care arena. We welcome your feedback on its content. For more information, please contact the Permanent Commission on the Status of Women at 860-240-8300 or on the web at www.cga.ct.gov/pcsw.

Foundation for Connecticut Women, Inc.



Connecticut Women's Health Campaign

A Guide to Women's Health Rights



IN CONNECTICUT

February 2007

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CONNECTICUT WOMEN'S HEALTH CAMPAIGN Working for the Health and Well-being of Connecticut Women

Membership 2007

Advocacy for Patients with Chronic Illness, Inc.
African American Affairs Commission
American Heart Association
American Lung Association of Connecticut
Coalition for Choice
Commission on Aging
Connecticut AIDS Resource Coalition
Connecticut Association of Nonprofits
Connecticut Breast Cancer Coalition Foundation
Connecticut Coalition Against Domestic Violence
Connecticut Community Care, Inc.
Connecticut Primary Care Association
Hartford Gay & Lesbian Health Collective
Latino and Puerto Rican Affairs Commission
MATCH Coalition, Inc.
NARAL Pro-Choice Connecticut
National Council of Jewish Women
Permanent Commission on the Status of Women
Planned Parenthood of Connecticut, Inc.
The Paul and Lisa Program
University of Connecticut Health Center, Celebrate Health Programs
Witness Project of Connecticut, Inc.
Women and Family Life Center of Guilford
YWCA Northeast Regional Council

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Purpose of this Guide

This guide is intended as a reference for health care providers, advocates, and women. It includes selected Connecticut and federal laws regarding access to health care services, mandated insurance coverage for certain procedures, and protections against discrimination.

This Guide is intended as a reference and information source only and should not be interpreted as legal advice. Unless otherwise noted, this Guide reflects changes in the law as of June 2006. To check to see if there are any statutory changes since that date, see the General Assembly website, www.cga.ct.gov. Users should also be aware that statutes may be affected by subsequent court rulings, Attorney General opinions, rules of evidence, and case law.

INTRODUCTION

Women's health care needs include a range of issues we face throughout our lifetime, from contraception to advance directives, pregnancy and childbirth to screening for breast and cervical cancer. Improving women's health service delivery and access to care is an important task, since women often face fragmentation in health care services and make more visits than men to medical professionals.

As we age, America becomes increasingly female. Women represent 60 percent of the population over age 65, which is the fastest growing segment of the population. Women living longer are at increased risk for one or more chronic (or long-term) conditions, such as heart disease, diabetes, some cancers, osteoporosis, urinary incontinence, and arthritis.

Women's health and well-being are essential to our lives and our different roles. Policymakers have responded to some of these needs by making sure that certain health care rights are protected by law. This guide outlines a number of these rights and protections.

Although every woman's situation is different, providers will be better able to assist women in asserting their rights through an understanding of these rights and protections as outlined in this Guide.

For each area, a brief description of rights, limitations, and background information is provided.

General Information About Insurance

Access to adequate health insurance is a major issue for women. As the Henry J. Kaiser Foundation observes, the patchwork of different private sector and publicly-funded programs in the U.S. leaves nearly one in every five non-elderly women uninsured.¹ In addition, women are more vulnerable to losing their insurance

should they become divorced or widowed, because they are more likely than men to be covered as dependents. Women also face higher financial health-related burdens, since female-headed households have higher rates of out-of-pocket expenditures for medical expenses than male-headed households.²

There are a number of different types of insurance which cover women in Connecticut, including Medicare, Medicaid, private employer sponsored insurance, group vs. individual, etc. Within each of those types, a combination of the insurer, the payor, and the consumer determine the scope and limits of benefits and cost-sharing. There are major differences in the administration of and coverage offered by each type of insurance.

In 2003-04, Connecticut women aged 18 to 64 had the following types of insurance:

- 77.4% had private, employer-based health insurance coverage, Medicare or military-related coverage
- 10.4 % were covered by Medicaid
- 12.2 % were uninsured.³

A good illustration of insurance options, protections, and limitations is provided in *A Consumer Guide for Getting and Keeping Health Insurance*, written by the Georgetown University Health Policy Institute, available on the web at www.healthinsuranceinfo.net. Another helpful publication is called, "Protecting Your Health Insurance Coverage", published by the U.S. Department of Health and Human Services, available by calling 1-800-633-4227 (toll-free) or on the web at www.cms.hhs.gov/HealthInsReformforConsume/Downloads/protect.pdf.

Individual vs. group health plans. An individual health insurance policy covers people who purchase health insurance on their own, not through an employer group. It is similar to home or car insurance, in that the covered person is the policy holder and is directly contracting with the carrier. It is generally more expensive than group health insurance. A group health insurance policy is usually sponsored by an employer, union or professional association, and it covers two to thousands of people. The employer or the professional association is the policy holder, and

can change benefit levels, premiums, and other aspects of the policy without the consent of the people who are insured.⁴ It is generally cheaper than individual health insurance.

Self-insured versus fully-insured plans. Women who have health coverage through their employer need to know if their employer has a self-insured plan or a fully insured plan. This is important since state laws regarding health insurance coverage do not apply to a self-insured employer, typically large companies. This means that the insurance plan is not required by state law to cover certain items or procedures, although the insurance company may choose to do so on its own. For example, insurance companies that provide coverage to employees in self-insured companies do not automatically have to pay for services such as an infertility treatment or prescription birth control. Women should contact their Human Resources office or the state Department of Insurance for more information.

For more information:

Connecticut Department of Insurance
153 Market Street
Hartford, CT 06103

Mailing address:

P.O. Box 816
Hartford CT 06142-081
Telephone: 1-800-203-3447 (toll-free; CT only)
Office: 860-297-3800
Fax: 860-566-7410
Website: www.ct.gov/cid

Medicare. Medicare is a federal health insurance program administered by the Health Care Financing Administration, for people age 65 or older, people with permanent kidney failure, and certain disabled people. Local Social Security offices take applications, assist participants and provide information about the program.

Medicare is similar to private health insurance in that it only pays a portion of the cost of medical care. Participants must pay a deductible toward their medical bills and co-insurance, part of some medical fees. For most eligible members, Part A (hospital insurance) is paid while they or their spouse are working. Medicare provides hospital coverage and medical coverage. Help for payment of premiums and deductibles is available for lower-income individuals.

Hospital coverage, called Part A, covers a share of the costs for hospital, nursing home, and home health care. The medical coverage, called Part B, pays for a share of the costs for physicians and other medical expenses and health services not covered under the hospital coverage. Most participants must ask to be enrolled in Part B of the program and must pay a monthly premium. Coverage for medications is called Part D, and is described in the section on prescription drugs, below.

REQUIRED COVERAGE FOR INDIVIDUAL AND GROUP HEALTH INSURANCE PLANS

Connecticut state law requires that fully-insured group and individual health insurance policies cover a variety of tests and treatments, including off-label drugs for cancer treatment, Lyme disease treatment, pain management, colorectal cancer screens, home health care, alcohol treatment, chiropractic services, and more.

For more information, see “Mandated Benefits for Health Insurance Policies”, by Janet Brierton, Associate Legislative Attorney, and Sarah Black, Legislative Fellow. Office of Legislative Research, Report 2004-R-0148. February 11, 2004. Available on the web at www.cga.ct.gov/olr

For more information:

Center for Medicare Advocacy
P.O. Box 350
Willimantic, CT 06226
Telephone: 1-800-262-4414 (toll-free)
860-456-7790 - TDD available
Fax: 860-456-2614.
E-mail: center@medicareadvocacy.org
Website: medicareadvocacy.org

Medicaid. Medicaid is a joint federal/state health insurance program. In Connecticut, Medicaid is administered by the state Department of Social Services (DSS). Medicaid provides coverage for a comprehensive array of health services and medical needs, including services not covered by Medicare. Medicaid covers families with children and pregnant women, medically needy individuals, the elderly, and people with disabilities, if state and federal guidelines are met. The Medicaid program generally provides coverage for individuals with low incomes. Some people with higher incomes may qualify for Medicaid programs that provide services that make it possible for individuals to remain in their homes rather than live in a skilled nursing facility. Some services require prior authorization.

In Connecticut, Medicaid encompasses both managed care for income-eligible children and their adult caregivers under HUSKY A (described below), and fee-for-service coverage for adults with disabilities and the elderly (65 and over).

**More than 40% of the insured
in Connecticut are covered
under self-funded health plans.⁵**

For more information:

Connecticut Department of Social Services

25 Sigourney Street

Hartford, CT 06106-5033

Telephone: 1-800-842-1508

E-mail - general information: pgr.dss@po.state.ct.us

Website: www.ct.gov/dss/

HUSKY. Healthcare for Uninsured Kids and Youth, known as HUSKY, is Connecticut's free or low-cost health insurance program for pregnant women, children and families. Designed to provide health coverage to all uninsured children their adult caregivers, and pregnant women, HUSKY is open to children in working families of every income level. Participants receive a comprehensive health care benefits package, including preventive care, physician visits, prescriptions, vision care, dental care, physicals, mental health and substance abuse services, durable medical equipment, emergency and hospital care.

After enrolling children in HUSKY, parents choose a managed care organization (health plan) to coordinate the benefits package. Parents and pregnant women have the freedom to choose a health plan and participating doctors and hospitals.

HUSKY has three parts: HUSKY A, services for children and adults under the Medicaid program; HUSKY B, services for children up to age 19 from higher-income families; and HUSKY Plus, special coverage for children with intensive physical or behavioral health care needs. Benefits include:

- Preventive care and office visits: Well child visits, immunizations, prenatal care, outpatient physician and specialist visits, eye care and hearing exams, and family planning services, including oral contraceptives, nurse practitioner and nurse-midwifery services.
- Prescription drugs.
- Mental health and substance abuse services, including detoxification, in patient and outpatient care.
- Dental exams every six months, including x-rays, fillings, fluoride treatments, oral surgery, sealants, and other dental services.
- Inpatient hospital services and emergency care.
- Durable medical equipment and other services.

Note that there may be co-pays in HUSKY B for certain services.

For more information:

HUSKY Infoline

Telephone: 1-877-CT-HUSKY (1-877-284-8759) (toll-free)

Website: www.huskyhealth.com

Women are more vulnerable to medical debt than men. In fact, fifty-six percent of medical bankruptcy filers are women.⁶

RIGHT TO APPEAL DENIAL OF COVERAGE BY AN INSURANCE COMPANY

If a private insurance company refuses to pay for something that a patient believes should have been covered, consumers/patients have the right to appeal that decision. Every insurance company has its own rules about how to proceed, but most likely the consumer/patient will need to write a letter to the company that includes:

- Plan identification numbers (policy number, group number, claim number),
- the health plan's reason for denial of coverage (from their denial letter),
- a brief history of the illness and necessary treatment for it,
- why the patient believes the health plan's decision was wrong, and
- what the patient and treating provider(s) would like the health plan to do about the decision.

The health plan has to respond to patient appeals within a certain length of time, usually 15 to 30 days. In emergency cases, plans have to respond within 24 - 72 hours.

The insurance company usually has two levels of internal appeal. In the first level, another physician in the plan may review the decision to deny coverage. If that physician decides that the company won't pay for the treatment, the patient can appeal again to a higher level — often the plan's Medical Director or a review panel of plan personnel. Some plans will send the appeal to an external physician whose opinion will be binding on the insurance company.

If a patient has gone through all of the insurance company's internal appeals and the company still refuses to cover the treatment, the patient might be able to file an external appeal with the state Insurance Department. The patient has to appeal within 30 days of the date of notice from the company that all internal appeals were denied. There are other requirements, including a \$25 fee.

Providers should review the language of their contracts with health plans to determine what their rights are to appeal decisions made by managed care organizations plans.

For more information on appeals for private insurance, as well as HUSKY A and HUSKY B, contact:

Office of the Healthcare Advocate

P.O. Box 1543

Hartford, CT 06144

Telephone: 1-866-HMO-4446 (toll-free)

Fax: 860-297-3992

Website: www.oha.state.ct.us

For more information on appeals for HUSKY A , contact:

Statewide Legal Services

Telephone in Hartford and Middletown: 860-344-0380

All other locations toll-free: 1-800-453-3320

Website: www.slsct.org

HOW TO GET HELP FOR YOUR PATIENTS WITH LIMITED ENGLISH SKILLS

The federal government has issued a policy guidance which interprets the Civil Rights Act to require assistance for patients who are unable to speak, read, write, or understand English in a way that allows effective interaction. It directs providers to ensure informed consent, accurate client histories and client understanding of prescriptions, side effects, potential complications from other pre-existing conditions, and exit and discharge instructions.

For providers receiving any federal funds, these requirements apply to all clients and programs, not just those served with federal funds. Patients should have access to language assistance, including interpreter services, if their provider, health plan, or for example, their Department of Social Services (DSS) caseworker cannot communicate with them in their primary language.

PATIENTS IN HUSKY

For HUSKY patients, health care providers can get help from HUSKY health plans. To find out how to access language services, see the managed care organizations' provider manuals or call your provider representative:

Blue Care Family Plan 1-800-828-2239

Community Health Network 1-800-440-5071

Health Net 1-800-438-7886

Preferred One..... 1-800-925-3606 X4

For more information, see the United States Department of Health and Human Services website: www.hhs.gov/ocr/lep

For more information on appeals for Medicare, contact:

Center for Medicare Advocacy

P.O. Box 350

Willimantic, CT 06226

Telephone: 1-800-262- 4414 (toll-free)

860-456-7790 - TDD available

Fax: 860-456-2614.

E-mail: center@medicareadvocacy.org

Website: medicareadvocacy.org

PRE-EXISTING CONDITIONS AND PORTABILITY

Under the federal Health Insurance Portability and Accountability Act (HIPAA), group health plans cannot deny a person's application for coverage based solely on her health status, including mental illness, genetic information, disability, or the claims she has filed in the past.

Plans may deny coverage for pre-existing conditions for which a diagnosis, treatment or medical advice was received (or recommend to be received) within the 6 months immediately before joining the plan. However, this six month pre-existing exclusion must be offset by the number of days of a person's creditable coverage. This means that individuals enrolled in group health plans including Medicare and Medicaid cannot be penalized for a pre-existing condition as long as they've been enrolled in a plan prior to their new plan without a significant break in coverage (63 days or more) prior to their new plan.⁷ However, group health plans that offer maternity coverage cannot consider pregnancy a

pre-existing condition and cannot exclude coverage for pregnancy, newborns or newly adopted children, children placed for adoption, or genetic information.

While HIPAA makes it much easier to get health insurance from an employer if a patient switches jobs, it does not guarantee:

- the same level of benefits, deductibles, co-pays or and claim limits that an employee had under a previous job
- employers to make available - or pay for - health coverage for employees or family coverage for their spouses and dependents.

See also "Protecting Your Health Insurance Coverage", published by the U.S. Department of Health and Human Services, available by calling 1-800-633-4227 (toll-free), or on the web at www.cms.hhs.gov/HealthInsReformforConsume/Downloads/protect.pdf.

COBRA

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific or "qualifying" events, such as voluntary or involuntary job loss, reduction in the hours worked, disability determination, transition between jobs, death, divorce, and other life events.

**Nearly one of every four babies born in Connecticut in 2002
was born to a mother enrolled in HUSKY A.⁸**

The law generally covers health plans maintained by private-sector employers with 20 or more employees, or state or local governments. COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost of the plan. It is ordinarily less expensive, though, than individual health coverage.

Under certain circumstances, if a Connecticut employee loses her job and qualifies for Social Security benefits, then the employer is required to extend COBRA coverage until she reaches age 65. As with other types of COBRA coverage, the former employee must pay the premium herself. Therefore, once she reaches the age of 65, she may choose to switch to Medicare coverage, since Medicare is usually less expensive than coverage purchased under COBRA. An employer is not obligated to continue an offer of COBRA to someone who becomes eligible for Medicare.

For information on this Connecticut law, contact:

Office of the Healthcare Advocate
P.O. Box 1543
Hartford, CT 06144
Telephone: 1-866-HMO-4446 (toll-free)
Fax: 860-297-3992
Website: www.oha.state.ct.us

Women should contact their Human Resources office for more information about how to access COBRA coverage.

For information on disclosure or notification rights under a private-sector plan, contact:

U.S. Department of Labor
Employee Benefits Security Administration
Division of Technical Assistance and Inquiries
200 Constitution Avenue NW, Suite N-5619
Washington, DC 20210
Telephone: 1-866-444-3272 (toll-free)
Website: www.dol.gov/ebsa

See also “Protecting Your Health Insurance Coverage”, published by the U.S. Department of Health and Human Services, available by calling 1-800-633-4227 (toll-free), or on the web at www.cms.hhs.gov/HealthInsReformforConsume/Downloads/protect.pdf.

TRICARE

TRICARE is the name of the Defense Department’s health care plan for active duty and retired uniformed service members and their families. Enrollment is subject to the service member’s location and eligibility category. There are several different types of coverage: managed care plan, a preferred provider plan, a fee-for-service plan, and a plan for beneficiaries who are Medicare-eligible due to a disability, end stage renal disease, or because they are 65 or older.

Enrollment fees vary depending on the type of coverage, and in some cases, there is no enrollment fee. Administration of the plan is regional; Connecticut is located in the North region.

For more information, contact:

Health Net Federal Services
Telephone: 1-877-TRICARE (1-877-874-2273) (toll-free)
Website: www.tricare.osd.mil

PRESCRIPTION DRUG COVERAGE

Recent data from the Centers for Disease Control and Prevention indicates that half of all women in the U.S. used at least one prescription drug in the month preceding the study. In Connecticut, likewise, more than half (56%) of all women take at least one prescription medication each day. Furthermore, 45% of women are extremely worried about being able to afford the medicine they are taking.⁹

Access to prescription drugs is an important part of helping women to stay healthy. More elderly women than men rely on life-saving medications, and are more likely to suffer from chronic illnesses that are improved by prescription drugs.

This section of the Guide covers prescription drug coverage under ConnPACE, Medicare Part D, a state-funded supplemental program for Medicaid/Medicare recipients, and a federal program for reduced price prescriptions. Not covered is the substantial drug assistance available under the Medicaid (Title XIX) and State-Administered General Assistance programs. For more information on prescription drug coverage for military personnel, see the section on TRICARE above, and for people with HIV/AIDS, see the section on HIV/AIDS below.

ConnPACE: ConnPACE is a state-funded health insurance program for most prescription medicines and insulin supplies. With a ConnPACE membership card, the only out-of-pocket expense is a co-payment for each prescription. As of this writing, the co-payment is \$16.25 and the annual enrollment fee is \$30. There is no yearly dollar limit on the amount of prescriptions covered by ConnPACE. Generic drugs must be substituted for brand-name drugs, unless otherwise indicated by the prescribing physician. Prior authorization, besides the indication of no substitution on the prescription, is required for name-brand drugs which have generic equivalents. Connecticut residents aged 65 or older, or with a disability aged 18 or older, may qualify for ConnPACE. If eligible for Medicare, a ConnPACE recipient must participate in Medicare Part D.

For more information:

ConnPACE

PO Box 5011

Hartford, CT 06102

Telephone: 1-800-423-5026 (toll-free; CT only)

1-860-832-9265 (Hartford area or from out of state)

Website: www.connpace.com

Medicare Part D: Medicare Part D prescription drug coverage is a complex new prescription drug program available to everyone that has Medicare (elderly and disabled with sufficient work history). In order to access the program, women must actively enroll in one of the many private Medicare Part D insurance plans. Each plan has its own formulary, but many prescription drugs are covered, as well as insulin and insulin supplies and smoking cessation drugs. There are certain drugs that are specifically excluded from coverage under Medicare Part D, including barbiturates, benzodiazepines, over-the-counter drugs and drugs for weight loss or gain. If a drug is listed on the plan's formulary, it still may be unavailable as a practical matter from the plan due to its use of benefit management tools such as prior authorization, step therapy ("fail first"), or quantity limits.

Income and asset levels determine co-pay, deductible, premium levels, and out-of-pocket limitations. Maximim cost sharing, besides the premium payment, is outlined in the table below.

Additional federal assistance known as "extra help" is available for low income seniors and people with disabilities, including those eligible for both Medicare and Medicaid and certain others. This assistance reduces or eliminates the premiums, deductibles, "donut hole" and co-pays (limiting the latter to between \$2 and \$5 per prescription).

Additional state assistance is available under ConnPACE for coverage of non-formulary Part D drugs, Part D formulary drugs unavailable due to prior authorization, and Part D co-pays in excess of the \$16.25. For individuals covered under both Medicare and Medicaid, state assistance is available for non-formulary Part D drugs, Part D formulary drugs unavailable due to prior authorization, and the full cost of the limited co-pays imposed under Part D.

For more information:

CHOICES program

The Connecticut Area Agencies on Aging,
with the Department of Social Services,
and the Center for Medicare Advocacy
Telephone: 1-800-994-9422 (toll-free)

Reduced price prescriptions: Women with inadequate or no health insurance may be able to access reduced price prescription drugs if they are a patient of a safety net provider such as Federally Qualified Health Centers (FQHCs, also known as "community health centers"). FQHCs are able to purchase and provide their patients with medications at prices established by the federal 340B drug program. Prices are much lower than medications purchased through traditional sources such as local retail or mail order pharmacies.

A number of community health centers currently operate 340B

COST-SHARING BETWEEN MEDICARE AND BENEFICIARIES

Out-of-pocket expenses	What Medicare pays each year	What beneficiary pays each year
\$250	Medicare pays 0%	Beneficiary pays \$250 annual deductible
\$251- \$2,000	Medicare pays 75%	Beneficiary pays 25%
\$2,250 - \$5,100	Medicare pays 0%. This gap in coverage is known as the "donut hole".	Beneficiary pays 100%.
\$5,100+	Medicare pays 95% of drug costs for the rest of the calendar year. This is called "catastrophic coverage".	Beneficiary pays 5%.

programs, including Hill Health in New Haven, Charter Oak Health Center and Community Health Services in Hartford, Community Health Center in Meriden, East Hartford Community Healthcare, and Southwest Community Health Center in Bridgeport.

Other participating entities include some disproportionate share hospitals, Planned Parenthood clinics, HIV/Ryan White clinics, state-operated AIDS drug assistance programs, black lung clinics, sexually transmitted disease clinics, and tuberculosis clinics also participate in the program.

A database of pharmacies that participate in the 340B program is available at:

Office of Pharmacy Affairs,
U.S. Health Resources and Services Administration
<http://opanet.hrsa.gov/opa/CE/CEExtract.aspx>

HRSA Pharmacy Services Support Center
American Pharmacists Association
2215 Constitution Avenue, NW
Washington, DC 20037-2985
PSSC Call Center: 1-800-628-6297 (toll-free)
Telephone: 202-429-7518
Fax: 202-223-7193

For more information:

Connecticut Primary Care Association
90 Brainard Road
Hartford, CT 06114-1685
Telephone: 1-888-294-2722 (toll-free)
860-727-0004
Fax 860-727-8550

Reproductive Health

Reproductive health is defined by the World Health Organization as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health care services include making sure that women have access to safe, effective, and affordable methods of family planning as well as services that enable women who choose pregnancy and childbirth to experience them safely.

This section of the Guide covers information on Connecticut laws that help women access an obstetrician/gynecologist without a referral from a primary care physician; insurance coverage for infertility treatment; prescription birth control and emergency contraception; terminating a pregnancy, and sexually transmitted diseases. Note that since access to some of these services differs for minors, there is a special section on minor's rights below.

Topics related to HIV/AIDS are covered in a separate section later on in the Guide. Information on menstruation, pregnancy testing, and menopause is not included. More information is available from Planned Parenthood on these subjects.

ACCESS TO OB/GYN CARE WITHOUT A REFERRAL

Individual and group insurance plans may not require women to get a referral from their primary care provider (doctor) before seeing an obstetrician/gynecologist. However, insurance plans can require that the OB/GYN is an in-network provider.

Note: Insurance plans can also require the OB/GYN to discuss services and treatment plans with the patient's primary care provider.

Women also have the option of choosing an OB/GYN as their primary care provider.

Conn. Gen. Stat. §38a-503b, §38a-530b

EMERGENCY CONTRACEPTION

Emergency contraception (EC), can prevent pregnancy after unprotected vaginal intercourse. It is also called post-coital or "morning-after" contraception. The most common method of EC is Plan B®, which since August 2006, has been approved by the FDA to be sold over the counter to women eighteen and older. Emergency contraception will not cause an abortion and is used only if a woman is not already pregnant from a previous act of intercourse.

Plan B® is a brand of EC designed and approved by the FDA specifically for emergency contraception. Certain birth control pills may also be prescribed for use as emergency contraception.

Some EC are "combination pills" with estrogen and progestin - synthetic hormones similar to the ones a woman's body produces. Others, such as Plan B(r), are progestin-only. These medications are time sensitive and should be taken as soon as possible to reduce the risk of pregnancy. Emergency contraception is 95% effective if taken within the first 24 hours after intercourse. Some clinicians prescribe EC in advance of need to patients so that the medication will be readily available within the 72 hour window of effectiveness in case of emergencies.

Costs for emergency contraception vary widely, depending on the method and the source, but the general range is about \$20 - \$30 per dose. Emergency contraception is available from:

- college, public, and women's health centers
- licensed wholesalers
- retail operations with pharmacy services such as Wal-Mart
- private physicians
- clinics with licensed healthcare practitioners
- on-line at www.ppct.org, for patients of Planned Parenthood over the age of 16

Some clinics and clinicians will prescribe EC over the phone and call the prescription in to a pharmacy. If a sexual assault victim seeks EC in the emergency room of a hospital that opposes the use of birth control, it is possible that she may not receive the medication; in that case, the victim can call the CONNSACS sexual assault toll-free crisis hotline (1-888-555-9945) to speak to a rape crisis counselor to help her access emergency contraception in her community.

If a sexual assault victim seeks EC at a local pharmacy or other retailer with pharmacy services, it is also possible that she may not receive the medication. In that instance, the victim can call either of the two numbers below in order to insure timely access to emergency contraception.

The names and phone numbers of five emergency contraception providers nearest a given location are available by calling a toll-free emergency contraception hotline: 1-888-NOT-2-LATE, or by contacting the nearest Planned Parenthood health center at 1-800-230-PLAN.

INFERTILITY TREATMENT

Women unable to conceive a baby or keep a pregnancy during a one-year period who have individual or group health insurance can get coverage for any medically necessary expenses related to the diagnosis and treatment of infertility, including in vitro fertilization procedures. Insurance policies can place certain limits on this coverage, such as covering only people under age 40 or limiting the number of times that a certain procedure can be done.

- Mandatory insurance coverage of methods of treating infertility has been expanded to include such procedures as ovulation induction, in-vitro fertilization, and gamete intra-fallopian transfer.
- Insurance offered through a religious employer¹⁰, does not have to cover infertility treatments if the employer objects

to it on religious or moral grounds, but, they must notify members in writing of the lack of coverage. Individuals who object to infertility treatment based on religious or moral beliefs have the right to obtain a policy that specifically excludes this coverage.

Medicaid Coverage: Fertility drugs and treatment for infertility are not covered by Medicaid.

Conn. Gen. Stat. §38a-536

MINORS

Contraceptives: In Connecticut, teenagers do not have to consult with their parents in order to obtain prescription contraceptives (like the Pill or a diaphragm), but some clinics or health care providers might ask them to do so. Planned Parenthood does not require teens to tell their parents or get their permission. Minors on HUSKY A are entitled to get prescription contraceptives without paying any out-of-pocket costs. Minors on HUSKY B may pay a co-pay.

Anyone choosing to access insurance coverage for reproductive health care or prescription drugs should assume that the owner of the policy, likely a parent, will find out.

Abortion/terminating a pregnancy: In Connecticut, a minor can choose whether to have an abortion, and parents or guardians do not have to be notified or give their permission. However, for those under the age of 16, the law requires a licensed provider to discuss whether to involve parent(s) or another adult family member in the decision. Some health care providers, hospitals or clinics may provide confidential abortion or prenatal services to minors, and some may not. Connecticut's mandated reporting laws and procedures require providers to report sexual activity involving girls age 12 or under to the state Department of Children and Families (DCF).

If a young woman under the age of 16 chooses to have an abortion, a licensed provider has to explain that:

- The information being given is not intended to coerce, persuade or force a choice between having an abortion and carrying the pregnancy to term,
- The young woman can change her mind about having an abortion at any time before it's done,
- alternative choices are available for managing the pregnancy, and
- there is a list of public and private agencies that will provide birth control information.

The counselor also must discuss the possibility of involving parents, guardian or other adult family member in the decision-making concerning the pregnancy and whether the minor believes that such involvement would be in her best interest. The counselor must give the minor a chance to ask questions concerning pregnancy, abortion, childcare and adoption, and either provide the information or tell her where to get it. After the counselor has talked about these things, the minor and the licensed provider must sign and date a form stating that such information and counseling was received.

REPRODUCTIVE HEALTH SERVICES FOR WOMEN WITH DISABILITIES

Planned Parenthood of Connecticut offers reproductive health services for women with disabilities at specially equipped centers in Bridgeport, Manchester, New Haven, and New London featuring easily accessible exam tables. Gaylord Hospital in Wallingford provides OB/GYN health services for women with disabilities through its Outpatient Department and some physicians in private practice have accessible facilities to serve women with disabilities. See the resource pages for contact information.

Women who receive gynecological services in facilities run by the state Departments of Mental Retardation (DMR) and Mental Health and Addiction Services (DMHAS) are entitled to pelvic exams and mammograms with specialized equipment designed to meet their needs.

For more information, contact:

Planned Parenthood of Connecticut
345 Whitney Avenue
New Haven, CT 06511
Voice: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Fax: 203-624-1333
Website: www.ppct.org

The Connecticut Women and Disability Network Inc.
60B Weston Street
Hartford, CT 06120-1551
Voice: 860-297-4375
Fax: 860-566-8714

Sexually transmitted diseases: Minors have a legal right to be tested and treated for a sexually transmitted disease without having to ask or tell their parents. A health care provider's office or clinic that tests a minor for a STD cannot send a bill to the parents. Most clinics will not require the minor to pay the full amount. As with adults, the health care provider's office or clinic is required by law to report certain diseases to the Department of Public Health. Also, if the minor is 12 or under, the health care provider or clinic will report the minor's name, age and address to the state Department of Children and Families (DCF).

For more information, please see:

"Adolescent Health Care: The Legal Rights of Teens"
Published by the Center for Children's Advocacy, Inc.
University of Connecticut School of Law
65 Elizabeth Street
Hartford, CT 06105
Telephone: (860) 570-5327
Fax: (860) 570-5256
www.kidscounsel.org/

For more information contact:

Planned Parenthood of Connecticut
345 Whitney Avenue
New Haven, CT 06511
Telephone: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Fax: 203-624-1333
Website: www.ppct.org

Conn. Gen. Stat. §19a-216a, §19a-582, §19a-601, Social Security Act. Sec. 1905. [42 U.S.C. 1396d]

PREGNANCY TERMINATION/ABORTION

A woman's right to get an abortion is protected under the U.S. Constitution, according to the 1973 U.S. Supreme Court decision *Roe v. Wade*. Connecticut state law follows the same general framework as the *Roe* decision. The Connecticut Constitution has been interpreted to protect the right to reproductive choice as a fundamental right and to a greater extent than the federal Constitution. Connecticut has created additional protections for reproductive rights by adding an affirmative right to choose into its state law. This law ensures women's access to pre-viability abortions and would remain in effect even if *Roe v. Wade* were overturned.

Publicly funded family planning clinics in Connecticut help women prevent 16,400 unintended pregnancies each year.¹¹

This means that the decision to have an abortion is made by women in consultation with their health care providers, up until the time of fetal viability. After fetal viability, abortions are allowed if they are needed to preserve a woman's life or health.

Insurance Coverage for Abortion: Many health insurance policies will pay for the cost of having a surgical or medication abortion. Women who are not federal employees should check with their insurance company to find out if the cost of an abortion is covered by the policy.

Federal or military employees are not able to get federally-sponsored health insurance coverage for abortions since Congress banned the federal government from covering abortion since 1996. Additionally, some employers or insurers may not cover abortions based on religious objections.

Medicaid Coverage of Abortions: In Connecticut, medically necessary abortions are covered for women on Medicaid/HUSKY.

See also the section on minors, above.

Conn. Gen. Stat. §19a-601, §19a-602, Public Law 104-52, *Roe v. Wade*, 410 U.S. 113 (1973)

Medicaid coverage of abortions - See Connecticut Department of Social Services., Health Care Finance Division, Managed Care Organizations, Policy Transmittal No. MS 96-07 (1996) and *Doe v. Maher*, 515 A.2d 134 (Connecticut Superior Court 1986).

For more information contact:

Planned Parenthood of Connecticut
345 Whitney Avenue
New Haven, CT 06511
Telephone: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Fax: 203-624-1333
Website: www.ppct.org

PRESCRIPTION BIRTH CONTROL

According to the Alan Guttmacher Institute, there are 432,000 women in Connecticut who need contraceptive services and supplies.¹²

Insurance Coverage for Contraceptives: Consumers with individual or group insurance that covers prescription drugs can get coverage for the cost of all prescription contraceptives such as the Pill, a diaphragm, an Intrauterine Device (IUD), Depo-Provera, Implanon, NuvaRing, or the Ortho Evra patch. Regular co-payments for prescription drugs will apply. (Condoms and other supplies available over-the-counter, instead of by prescription, are not covered.)

If the insurance coverage is provided by a religious employer¹³, the employer is not required to pay for prescription contraceptives or other services if they object on religious or moral grounds. They must notify employees in writing of the lack of coverage. Individuals who object to birth control based on religious or moral beliefs are entitled to a policy that specifically excludes this coverage.

Medicaid Coverage of Contraceptives: Women and minors on Medicaid are entitled to get prescription contraceptives without paying any out-of-pocket costs.

See also the section on minors, above.

Conn. Gen. Stat. §38a-503e, §38a-530e, Social Security Act. Sec. 1905. [42 U.S.C. 1396d]

For more information contact:

Planned Parenthood of Connecticut
345 Whitney Avenue
New Haven, CT 06511
Telephone: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Fax: 203-624-1333
Website: www.ppct.org

The United States has one of the highest rates of unintended pregnancy in the industrialized world. Half of the six million pregnancies that occur among American women each year are unintended.

SEXUALLY TRANSMITTED DISEASES

Women can get tested and treated for a sexually transmitted disease (STD) by health care providers or at a clinic at any age, even if they are a minor. Public STD clinics offer confidential treatment and counseling for most STDs, and services are also available to assist anyone who has STD(s) in telling their partners. Costs for testing vary and some sites offer a sliding scale depending on what the patient can afford. No one will be refused testing if they cannot pay. For the name, address, and phone number of an area testing site, call 2-1-1 Infoline, a confidential service.

Health care providers are required to report cases of sexually transmitted diseases such as chlamydia, gonorrhea, and syphilis to the state Department of Public Health and to the local health department. The report includes the full name, address, race/ethnicity, age, sex, and occupation of the person affected. This information remains confidential within each health department. The health department will contact someone only if they don't receive treatment.

See also the section on minors, above, and HIV/AIDS, below.

Conn. Gen. Stat. §19a-216a

For more information contact:

Connecticut Department of Public Health
Sexually Transmitted Disease Control Program
410 Capitol Avenue
Hartford, CT 06134
Telephone: 860-509-7920
Fax: 860-509-7275
Website: www.dph.state.ct.us/BCH/infectiousdise/sexually.htm

Planned Parenthood of Connecticut
345 Whitney Avenue ·
New Haven, CT 06511
Telephone: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Fax: 203-624-1333
Website: www.ppct.org

Pregnancy, Delivery, and New Mothers

The U.S. Department of Labor reports that in 2005, women represented 46 percent of the labor force nationwide. Seventy-five percent of women worked full time, while the remaining 25 percent worked part time. Women's working lives and overall health may be impacted by the challenges of caring for an infant, a sick family member, or coping with their own illness within the context of maintaining employment.

This section of the Guide describes insurance coverage of hospital stays after the delivery of a baby, rights to employment during and after pregnancy, including leaves of absence, family and medical leave, and lactation in the workplace.

HOSPITAL STAY COVERED FOR AT LEAST 48 HOURS AFTER DELIVERY

Individual and group health insurance policies have to pay for at least 48 hours of inpatient care for women and newborn infants. Women who have a cesarean ("C-section") are entitled to 96 hours in the hospital. Women are not required to remain in the hospital after birth. Any decision to reduce the coverage can only be made by the attending physician after consulting with the patient.

For women who leave the hospital before these minimum times, insurance companies are required to pay for a follow-up visit within 48 hours of discharge and an additional follow-up visit within 7 days. The follow-up visit should include physical assessment of the baby, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, and any tests that are medically necessary.

Conn. Gen. Stat. §38a-503c, § 38a-530c

RIGHTS TO EMPLOYMENT DURING AND AFTER PREGNANCY, INCLUDING LEAVES OF ABSENCE

Pregnant women who work for a private or public employer with 3 or more employees have certain rights:

Hiring and retention: Employers are prohibited from denying jobs to, downgrading positions, firing, or forcing pregnant women to take a leave of absence due to pregnancy. Potential employers cannot ask about current or future pregnancies, childcare arrangements, etc.

Health insurance: Employer-sponsored health plans must treat pregnancy and childbirth in the same way that other medical conditions are treated (usually the same as having a short-term disability).

Leave of absence: Employers must grant “reasonable” maternity leaves, and treat maternity leave the same way other short-term disability leaves are treated, e.g. giving paid sick days or other benefits to workers for pregnancy under the same terms as for other short term disabilities. However, employers are not required to give paid time off for maternity leave if there are no such benefits for other short-term disabilities.

“Reasonable” is often interpreted to mean 6 - 8 weeks, although it can be either longer or shorter depending on the employee’s health. The leave of absence can also start before childbirth if a provider determines that the pregnancy is disabling. Women are entitled to a leave of absence as soon as employment begins. There is no waiting period for eligibility.

Employers who are informed of an employee’s intent to return are required to reinstate the employee to the same or an equivalent position, with equivalent pay and accumulated seniority, retirement, fringe benefits and other service credits, (unless the employer’s situation has changed to a degree that reinstatement would be impossible or unreasonable.)

A leave of absence for pregnancy might overlap with leave that can be taken under the Family and Medical Leave Act (FMLA). For more information see the FMLA section of this Guide.

Toxic substances and transfer due to risk of injury: Employers must notify workers about any toxic substances that are used or produced in the workplace. These substances might be reproductive health or fetal hazards. Employers must make reasonable measures to protect workers from those substances. Employers must make reasonable efforts to transfer pregnant women who have provided written notice of pregnancy and who believe that their workplace or position might cause injury to them or their fetuses.

Women also have the right to refuse to work, under certain circumstances, if it is reasonable to believe that there is a real danger of death or serious injury and the situation is so urgent that there is no time to follow regular enforcement procedures.

For more information contact:

Connecticut Women’s Education and Legal Fund (CWEALF)
135 Broad Street
Hartford, CT 06105
Telephone: 860-247-6090
Information & Referral: 860-524-0601 or
toll-free: 1-800-479-2949
Fax: 860-524-0804
Website: www.cwealf.org

Conn. Gen. Stat. §31-40g, §31-40t, §46a-60

FAMILY AND MEDICAL LEAVE

There are both state and federal laws that grant rights for family and medical leave, and parts of each law may apply depending on individual circumstances. Individuals covered by both federal and state laws are granted the more generous provisions. Blue collar service workers, part-time, and low-wage workers are all significantly less likely to have paid sick leave than other workers.

The Federal Family and Medical Leave Act

- Under the federal Family and Medical Leave Act (FMLA), workers in companies with less than 50 employees can take up to twelve weeks of unpaid, job-protected leave from work. Unpaid leave can be taken for the birth, adoption, placement of a foster child, or the serious illness of a child, parent, spouse, parent-in-law, or the employee’s own illness.
- Under the federal law, employees who have worked 1,250 hours during a 12-month period before the first day of leave are entitled to 12 weeks of unpaid leave. Employers must continue to provide health insurance during the leave.
- Employees are entitled to the same position or an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. If employees are medically unable to perform and there is suitable work available, there is no requirement under federal law granting the right to a transfer.

The Connecticut Family and Medical Leave Act

- Employees who work for private employers with 75 or more employees are entitled to 16 weeks of unpaid leave in any twenty-four month period. Employees have to have been employed for twelve months and have worked 1000 hours during the twelve month period before the first day of leave.
- Permanent employees of the State of Connecticut are entitled to twenty-four weeks of unpaid leave in any twenty-four month period.
- Employees are entitled to return to the position held when the leave began or an equivalent position with the equivalent pay, benefits, and terms and conditions of the previous job. Employees medically unable to return to work are also entitled to a transfer to work more suitable to their conditions, if such work is available.

Some employers require employees to use accrued sick time and/or vacation time (which is usually paid time) during the family and medical leave. Once sick or vacation time is exhausted, the rest of the leave is unpaid. It is advisable to refer workers to their employee handbook or policy manual for details about employer policies on family and medical leave.

For more information contact:

National Partnership for Women and Families
 1875 Connecticut Avenue, NW, Suite 650
 Washington, DC 20009
 Phone: 202-986-2600
 Fax: 202-986-2539
 Website: www.nationalpartnership.org

For more information on the state law, contact:

Connecticut Department of Labor
 200 Folly Brook Boulevard
 Wethersfield, CT 06109
 Telephone: 860-263-6791
 Fax: 860-263-6541
 Website: www.ctdol.state.ct.us

For more information on the federal law, contact:

U.S. Department of Labor
 Telephone: 860-240-4160 (Hartford)
 Telephone: 203-773-2249 (New Haven)
 Website: www.dol.gov/esa/regs/compliance/whd/whdfs28.htm

Conn. Gen. Stat. §5-248a, §5-248b, §31-51kk through §31-51pp

See also the federal Family and Medical Leave Act, 29 U.S.C. 2601 et. seq., available at www.dol.gov/esa/regs/statutes/whd/fmla.htm

LACTATION IN THE WORKPLACE

In Connecticut, employers must make reasonable efforts to create private pumping areas for women who breast-feed. (The area cannot be a toilet stall.) Women can express milk or breast-feed in the workplace during meal or break periods. Employers are not allowed to discriminate nor discipline women for breast-feeding at work. This law applies to all employers with one or more employee(s).

Contact the state Department of Labor for more information (contact information is in the section above.)

Conn. Gen. Stat. §31-40w

Forty-two percent of full-time private-sector workers have no paid sick leave.¹⁴

Breast and Cervical Cancer Screening and Treatment

Breast cancer is the most commonly diagnosed cancer among American women, except for skin cancer. It is second only to lung cancer as the most common cause of death among women. This section of the Guide describes insurance coverage for the following test and procedures related to breast and cervical cancer: mammograms, diagnostic services, treatment, hospital stays for mastectomies, breast reconstructive surgery and breast implant removal. It also covers issues related to continued insurance coverage for breast cancer survivors.

MAMMOGRAMS, DIAGNOSTIC SERVICES, AND TREATMENT

Individual and group health insurance policies have to pay for one “baseline” mammogram for women age 35 to 39; and one a mammogram every year for women age 40 and over. Insurance companies also have to pay for ultrasound screenings if:

- recommended by a health care provider under certain conditions, such as a mammogram which shows dense breast tissue
- a woman is believed to be at increased risk for breast cancer due to her history or a family history of the disease
- positive genetic testing
- other indications as determined by a physician or an advanced practical nurse.

Women without creditable health coverage who meet income guidelines can obtain a free clinical breast exam and screening mammogram, appropriate for their age and medical history. There are eighteen mammogram provider sites located throughout the state. These sites will also provide diagnostic services after a mammogram, such as ultrasounds or biopsies. Women who meet income and age guidelines can get biopsies covered. This program is called the “Breast and Cervical Cancer Early Detection Program”. (See contact information under the Connecticut Department of Health, below.)

Currently, in order to receive treatment for a pre-cancerous or cancerous condition, a diagnosis must be given through the Breast and Cervical Cancer Early Detection Program. After screening through the Breast and Cervical Cancer Early Detection Program, women who are diagnosed with breast cancer may be eligible for treatment through the Medicaid program. Breast cancer treatment services include surgery, radiation therapy, chemotherapy, hormonal therapy and related medical follow-up services. Women of any income under age 65 are eligible. Eligibility is maintained through the course of treatment as indicated by the treating health provider. Women are not limited to one period of eligibility. As long as women remain without creditable medical coverage, they are eligible for subsequent screenings and any treatment deemed necessary through these screenings. For more information on this health coverage, call 2-1-1 Infoline.

In 2004, 81 % of women in Connecticut aged 40 and older reported having had a mammogram within the last two years.¹⁵

Medicaid. Women on Medicaid, are entitled to one “baseline” mammogram for age 35 to 39, and a mammogram every year for age 40 and over.

Medicare. Medicare covers a mammogram screening once every 12 months for all women with Medicare who are 40 and older. Women can also get one baseline mammogram between ages 35 and 39. For questions about Medicare, contact Qualidigm (see information below).

Women with disabilities. Women with disabilities have the right to expect equitable treatment and access to quality health care. The Assessing Barriers and Creating Useful Solutions (ABCUS) Project, a collaborative project of the Connecticut Women and Disability Network Inc, Qualidigm, and the Connecticut Radiological Society, conducted disability sensitivity awareness training for mammography technicians and imaging center staff throughout the state. For more information, please call the Connecticut Women and Disability Network at 860-297-4375.

Women who receive gynecological services in facilities run by the state Departments of Mental Retardation (DMR) and Mental Health and Addiction Services (DMHAS) are entitled to mammograms with specialized equipment designed to meet their needs.

For more information contact:

Connecticut Department of Public Health
Breast and Cervical Cancer Early Detection Program
410 Capitol Avenue
Hartford, CT 06106
Telephone: 860-509-7794
Fax: 860-509-7853
Website: www.dph.state.ct.us/BCH/HEI/breast_and_cervical_cancer.htm

For Medicare questions, contact:

Qualidigm
100 Roscommon Drive
Middletown, CT 06457
Telephone: 860-632-6384
Toll-free: 1-800-553-7590
Fax: 860-632-5865
Website: www.qualidigm.org

A list of breast cancer screening sites is provided in the resource pages. Note that according to the Department of Public Health all sites are wheelchair accessible and should have special exam tables to accommodate women with disabilities.

Conn. Gen. Stat. §38a-503, §38a-530

HOSPITAL STAY FOR MASTECTOMY

Individual and group health insurance policies have to pay for at least 48 hours of care in a hospital after a mastectomy or lymph node dissection operation. Insurance companies can't terminate or penalize the health care provider for recommending and ordering a longer period of care in the hospital after these operations. After consulting with the patient, the health care provider can recommend that the procedure be done on an outpatient basis or during a shorter hospital stay, but the insurance companies can't decide this for the patient.

Conn. Gen. Stat. §38a-503d, §38a-530d

RECONSTRUCTIVE SURGERY AND BREAST IMPLANTS

Individual and group health insurance policies have to pay for reasonable costs of reconstructive surgery on each breast, including reconstructive surgery on an otherwise healthy breast to produce a symmetrical appearance after mastectomies.

Under group health insurance, insurance companies have to pay for medically necessary breast implant removal of at least \$1,000 per year. (It doesn't matter why a woman had breast implants.) Individual and group health insurance policies must also cover the cost of surgical removal of breasts due to tumors at a level of at least \$300 per year for each breast.

Conn. Gen. Stat. §38a-504, §38a-542

INSURANCE COVERAGE FOR BREAST CANCER SURVIVORS

Individual and group health insurance policies may not deny coverage to a woman who has had breast cancer in the past and has been free of the cancer for at least five years based on her breast cancer history. However, insurance companies can require a physical exam as part of the application process.

Conn. Gen. Stat. §38a-503a, §38a-530a

CERVICAL CANCER SCREENING AND TREATMENT

About half of the women in the United States who develop cervical cancer have never had a Pap test. Regular Pap tests decrease a woman's risk for developing cervical cancer because they can detect precancerous cervical lesions at early, treatable stages.

Individual and group health insurance policies have to pay for Pap smears as part of women's gynecological treatment. Under the Breast and Cervical Cancer Early Detection program, low income women with creditable health coverage can obtain a free pap smear and follow up services as appropriate for their age and medical history. Women with HIV can get a pap test every six

months. Pap tests are available at eighteen provider sites located throughout the state (listed in the resource pages). These sites also provide diagnostic services such as coloscopies or biopsies.

Treatment: After screening, women who are diagnosed with cervical cancer without creditable health coverage may be eligible for treatment through the Medicaid program. Cervical cancer treatment services include surgery, radiation therapy, cryotherapy, electrocoagulation and related medical follow-up services. Women at any income and under age 65 can qualify. For more information on this health coverage, call 2-1-1 Infoline.

For more information contact:

Connecticut Department of Public Health
Breast and Cervical Cancer Early Detection Program
410 Capitol Avenue
Hartford, CT 06106
Telephone: 860-509-7794
Fax: 860-509-7853
Website: www.dph.state.ct.us/BCH/HEI/breast_and_cervical_cancer.htm

Conn. Gen. Stat. §17b-278b, §19a-266

In 2004, 88 % of women in Connecticut aged 18 and older reported having had a Pap smear within the last three years.¹⁶

Violence Against Women and Girls

Violence is a major public health problem for American women. Women are five to eight times more likely than men to be violently victimized by an intimate partner.¹⁷ A national study found that the victim sustains an injury in about one third of all rapes and physical assaults perpetrated against women. Furthermore, the victim receives some type of medical care (e.g., paramedic care, emergency room treatment, dental care, or physical therapy) in only one-third of all such injury cases.¹⁸

This section of the Guide describes issues related to violence against women, including domestic violence and sexual assault.

DOMESTIC VIOLENCE

A national study found that 29% of women had experienced physical, sexual, or psychological intimate partner violence during their lifetime.¹⁹ Women have certain rights under Connecticut's domestic violence laws if they have been hit, hurt, or seriously threatened with violence by:

- a member of the family or the household,
- a former partner,
- someone that they recently lived with,
- someone that they had a child with (even if never married nor lived with that person), or
- someone that they have been dating, or recently been dating.

Victim's rights include:

- Asking the court for a protective order (made by a criminal court judge) or a restraining order (made by a civil court judge) that will order the person who hurt them to stop hurting them and to stay away from them, even if that person lives in another state.
- Connecticut's 18 domestic violence shelter programs have advocates that can work with women to make sure that they know all about the options, services, and resources that are available. Women can contact them at any time, (24 hours a day, seven days a week) for a safe place to stay or for support and information. Call 1-888-774-2900.
- Confidential conversations with a domestic violence advocate are not to be used in court or discussed with anyone, unless given permission. It is important to know, however, that if another person (like someone at work or a person standing in a hallway) can overhear the conversation with an advocate, the advocate can be asked to testify about those conversations in court.
- Ability to apply for victim's compensation for any injury suffered as a result of a crime (if the crime was reported to police within 5 days of occurrence). For more information, call the Connecticut Coalition Against Domestic Violence

(listed below) or the Connecticut Office of Victim Services toll-free at 1-800-286-7347.

- If the police respond to an incident between family or household members that either causes physical injury or creates fear that physical injury is about to happen, they no longer have to arrest both the victim and the other person. Instead, they must consider whether the victim used force in self-defense.
- Possibility of state welfare benefits if a woman or her child will be in danger if the state tries to collect child support from the father of the child, or the partner's abuse keeps her from working or looking for a job. More information is available from Statewide Legal Services toll free at 1-800-453-3320.
- Possibility of unemployment benefits if a woman leaves her job to protect herself or a child living with her from domestic violence as long as she made reasonable efforts to keep the job before leaving. More information is available from The Legal Assistance Resource Center of Connecticut (LARCC), listed below.

Women with disabilities. The Connecticut Coalition Against Domestic Violence (CCADV) and its member programs are making great efforts to ensure that all women get the support and services they need during their shelter stay. CCADV along with the Connecticut Women and Disability Network (CWDN), the Americans with Disabilities Act Coalition of Connecticut (ADACC), and the Connecticut Women's Consortium, in partnership with the state Department of Mental Health and Addiction Services (DMHAS), recently launched the Connecticut Initiative to End Violence Against Women with Disabilities. The initiative is aimed at making domestic violence shelters and services accessible for women with disabilities. For more information contact the CCADV Disability Coordinator.

For more information contact:

Connecticut Coalition Against Domestic Violence
90 Pitkin Street
East Hartford, CT 06108
Telephone: 860-282-7899
Toll-free: 1-800-281-1481 (Connecticut only)
Fax: 860-282-7892
Website: www.ctcadv.org

Legal Assistance Resource Center of Connecticut
80 Jefferson Street
Hartford, CT 06106
Telephone: 860-278-5688
Fax: 860-278-2957
Website: www.larcc.org

Conn. Gen. Stat. §31-236, §46b-38b

SEXUAL ASSAULT

"Sexual assault" is a general term that includes rape as well as other crimes, including incest and other unwanted sexual contact. Rape is a crime of violence in which one person forces, coerces or manipulates another person into sexual intercourse. Rape includes vaginal, oral, or anal penetration by any object and also includes forced or coerced oral sex.

Although some adult victims are men, most adult victims are women. The vast majority of sexual assault offenders are people who are known and trusted by their victims such as a friend, coworker, date, partner, spouse or other family member. A well regarded study found that eighty-six percent of all rape is perpetrated by someone who is known to the victim.²⁰

Women who are victims of sexual assault can call the 24-hour, statewide, toll-free hotline at 1-888-999-5545. There is a toll-free Spanish Response Service: 1-888-568-8332. The hotline is staffed by trained certified counselor/advocates and is free and confidential.

Sexual assault counselors can provide crisis intervention, short-term counseling, accompaniment and advocacy through the medical, police, and court systems, and information and referral for other needs, including referrals to therapists and behavioral health specialists. Sexual assault crisis (SACS) programs provide services to numerous unserved and underserved communities, including: Spanish speaking populations, people with disabilities, members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities, male survivors and family and friends of survivors.

Exams and treatment. For women recently assaulted, it is important that they seek health care for treatment for injuries, STDs and pregnancy. Within the first 72 hours of an assault, women can receive an initial exam and have evidence collected at any hospital in Connecticut. If the assault is very recent, it is very helpful to preserve evidence by refraining from taking a shower, changing clothes, eating, or brushing teeth until the victim can get to an emergency room and have an exam. A SACS counselor can accompany a victim to the hospital and stay with her during the exam and evidence collection process.

The information gathered during an exam and evidence collection is confidential, but the hospital or clinic will maintain this information as part of its medical record within the facility. Past and future treatment, whether or not related to the assault, will be kept along with information gathered during the exam and evidence collection in the medical record. If the crime is reported to the police, the exam and evidence information will be shared with the police for the investigation. If a woman is undecided about reporting at the time of the exam, her anonymity can be maintained through the use of a control number on the evidence collection kit. The kit will be held for sixty days.

The initial exam and evidence collection is free - the state is required to pay for this service. A victim should never receive a bill for the exam and evidence collection.

Several laws provide the following services and rights to victims of sexual assault:

- The right to decide whether or not to report the assault to the police, and the police are not allowed to take a polygraph examination when an assault is reported.

offender to change or terminate his or her probation. The Victim Advocate can address concerns about changes in status or arrange support if attending any type of court hearing.

One in four girls and one in six boys will be sexually assaulted by age eighteen.²¹

- If the victim goes to the hospital for an exam and evidence collection, she can ask for a full dose of emergency contraception to be given on site. When emergency contraception is given at the hospital, it is paid for by the state as part of the sexual assault exam and evidence collection process. But if the hospital refuses to provide to the victim the full dose of emergency contraception for any reason, the victim may call the sexual assault crisis hotline (1-888-555-9945) to speak to a rape crisis counselor to help her access emergency contraception in her community.
- Counseling, testing, and referrals to services for HIV/AIDS, whether or not anyone is ever convicted of the assault. These services are provided by the state Department of Public Health. (More information is included in the HIV section below.)
- If the victim is without health insurance, and low income, then she may be eligible for a 60-day follow up Pap smear provided by the Department of Public Health. (More information is included in the section on cervical cancer above.)
- If the victim went to a health care facility within 72 hours of an assault for an exam and the collection of evidence, or if she reported the assault to police within 5 days of when the crime occurred, then she is eligible to apply for victim's compensation for any injury suffered as a result of the assault. Compensation may be provided for medical and dental costs related to the crime, as well as counseling both for the victims and her relatives. For more information, call the Connecticut Sexual Assault Crisis Services (listed below) or the state Office of Victim Services toll-free at 1-800-286-7347.
- The right to have confidential conversations with a sexual assault advocate/counselor that will not be used in court, unless given permission - even if a minor. It is important to know, however, that if another person (like someone at work or a person standing in a hallway) can overhear the conversation with the counselor, the counselor can be asked to testify about those conversations in court.
- If the perpetrator is on probation or has gone to prison, the victim may have the right to be kept informed of the offender's status. If chosen, a Victim Advocate from Connecticut Sexual Assault Crisis Services will keep the victim updated on any legal changes after conviction, including re-arrest, violation of probation, and any requests by the

For more information, or for referral to a sexual assault advocate, contact:

Connecticut Sexual Assault Crisis Services (CONNSACS)
96 Pitkin Street
East Hartford, CT 06108
Telephone: 860-282-9881
24-hour hotline: 1-888-999-5545 (toll free); Spanish Response Service: 1-888-568-8332 (toll-free)
Fax: 860-291-9335
www.connsacs.org

Conn. Gen. Stat. §18-81e, §19a-112a, §19a-112b, §52-146k, §54-86j

HIV Testing and AIDS

In the United States, women, particularly women of color, are at risk for HIV infection. Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents. Today, women account for more than one quarter of all new HIV/AIDS diagnoses, and about one third of the people living with AIDS in Connecticut are female.²²

In Connecticut, anyone can request to have an HIV test done, including minors. Informed consent is required before an HIV test is done, with certain exceptions. The state Department of Public Health has HIV counselors that can provide support and counseling, assess level risk factors, help someone decide whether or not to get tested, tell how to protect oneself and any sex partner(s), or people with whom syringes are shared and refer someone to other resources they might need. Anything told to a counselor, either on the phone or in person is confidential.

Someone can have either an anonymous or a confidential test done. Although they sound like they are the same, there are important differences between the two.

Anonymous testing: Someone can get an HIV test done anonymously only at HIV testing and counseling sites funded by the state Department of Public Health. In an anonymous test, the HIV counselor and testing site do not have any personal information (such as a name, address, or phone number). The test result is reported to the party and the Department of Public Health using a code number. This means that no other person or organization has access to information that identifies the party, unless the

person shares the information. The test result will not be given to the party's health care provider or insurance company, or placed in their medical record. The test results remains between the counselor and client. Clients must call the provider for an appointment to get their results. Counselors at state-funded sites are required to provide pre- and post-test counseling, which is not required of private providers. State funded sites have different options and services available for counseling that may not be available through private physicians.

Confidential testing. If someone wants to get HIV follow-up counseling as well as treatment, confidential services provided through a DPH funded site are the next best option because testing and treatment information are not shared or included in the medical record. If the party uses a physician in private practice or a hospital for HIV testing and counseling, the test result, along with identifying information, may be included in their medical record.

All health care providers, DPH funded HIV testing and counseling sites, and private laboratories conducting confidential HIV tests are required by law to report positive HIV test results by name to the state Department of Public Health. If a diagnosis of HIV or

members of the medical team who are involved with the party's care or treatment.

Also, the test result may be provided to a committee or organization that reviews records in the health facility where the test was conducted. It also may be provided to a person who gets a court order that gives this person the right to the test result or to a health care worker who is exposed to the blood. Though the test result and name are private, by law, this specific list of people may be able to request and receive the test result without written permission.

In Connecticut, there are special rules about disclosing HIV-related information. If the party is asked to sign a form (called a "release" or "waiver") that allows someone else to receive the HIV-related information, the form has to include:

- the name of the recipient of the information,
- the purpose for the disclosure, and
- the time period that the release is to be effective.

In addition, there has to be a statement with the information instructing the recipient that they are not allowed to further

HIV is the fifth leading cause of death among all women aged 35-44 years. The only diseases causing more deaths of women are cancer and heart disease.²³

AIDS is made, the case must be reported within 12 hours. When available, the information that is reported includes the person's sex, race or ethnicity, and reports their transmission risk (sexual transmission or injection drug use, for example). The Department of Public Health has to keep the information confidential.

HIV testing for pregnant women. Prenatal care providers in Connecticut are required to inform pregnant women that HIV testing is available and inform them of the benefits of testing to themselves and the fetus. If a pregnant women consents to an HIV-related test, the health care provider responsible for HIV counseling shall perform or arrange to have performed an HIV-related test and document the test results in the woman's medical record.

If an HIV test has not been documented in the pregnant woman's medical record, and if the pregnant woman does not object, prenatal providers are required to administer an HIV test within twenty-four hours of delivery.

For a full list of Department of Public Health funded test sites, go to www.dph.state.ct.us/BCH/AIDS/cts.htm, or call 2-1-1 Infoline for the location and phone number of an area DPH funded site.

RELEASE OF HIV-RELATED INFORMATION

HIV-related information in medical records may be released under certain circumstances to others. The health care provider, clinic, or hospital may be required to share the test result with an insurance company, and the test result may be provided to other

disclose the information to someone else.

Partner notification. A health care provider can warn a partner if the test is positive for HIV, but only if the partner also has the same health care provider, the health care provider believes that the partner is at risk of becoming infected, and the health care provider believes that the partner will not be told by the infected party.

The Connecticut Department of Public Health has a partner notification program called CARE (Companion Awareness and Risk Education). Staff are specially trained HIV counselors to help clients notify their partners. They can notify partners for a person, go with a client to do so or provide education and support so that a client can do this on their own. The program is confidential in that if the counselor does the notification, they will not divulge the client's name.

Contact the CARE program at 860-509-7920.

PROTECTION UNDER THE AMERICANS WITH DISABILITIES ACT

A person with HIV/AIDS is considered disabled and protected against discrimination under the Americans with Disabilities Act. For example, a health care provider cannot simply refer a patient with HIV/AIDS to another provider simply because the patient has HIV/AIDS. The referral must be based on the treatment the patient is seeking, not the patient's HIV status alone. People who are HIV-positive, both symptomatic and asymptomatic, have physical impairments that substantially limit one or more major life activities and are, therefore, protected by the law.

People who are discriminated against because they are thought to be HIV-positive are also protected. For instance, a woman who was fired on the basis of a rumor that she had AIDS, even if she did not, would be protected by the law.

The ADA also protects people who are discriminated against because they have a known association or relationship with an individual who is HIV-positive. For example, the ADA would protect an HIV-negative woman who was denied a job because her roommate had AIDS.

More information on HIV/AIDS and the ADA is available from: the U.S. Department of Justice Civil Rights Division, Disability Rights Section, at www.ada.gov/pubs/hivqanda.txt. See also the section on the ADA, below.

MINORS

Minors have the right to be tested for HIV/AIDS without their parent's consent. However, if the minor is 12 years old or under, the health care provider or clinic has to report the minor's name, age and address to the state Department of Children and Families (DCF). If the minor is under 18, the health care provider has to get the parent's permission to treat the minor for HIV/AIDS, unless the health care provider thinks the minor would not get treatment if the minor's parents found out.

For more information contact:

Connecticut Department of Public Health
AIDS and Chronic Diseases Programs
410 Capitol Ave, MS#11APV
Hartford, CT 06134
Telephone: 860-509-7801
Fax: 860-509-7853
Website: www.dph.state.ct.us/BCH/AIDS/HPAIDS.html

Hartford Gay and Lesbian Health Collective (HGLHC)
1841 Broad Street
Hartford, CT 06114
Telephone: 860-278-4163
Fax: 860-278-5995
Website: www.hglhc.org

Connecticut AIDS Resource Coalition
20-28 Sargeant Street
Hartford, CT 06105
Telephone: 860-761-6699
Fax: 860-761-6711
Website: www.ctaidshousing.org
E-mail: info@ctaidscoalition.org

The state offers insurance for people living with AIDS who have earnings below 200% of the federal poverty level. Under the CIAPAP program, the state Department of Social Services (DSS) can pay for extended insurance premiums for employer-provided group health insurance to people who leave their jobs.

To be eligible, a person must be diagnosed by a physician as having AIDS or an AIDS-related disease, have been covered by an employee's medical insurance, and be eligible for an extension of employer-provided health insurance.

For more information contact:

Telephone: 1-800-842-1508 (toll-free)
TDD/TTY: 1-800-842-4526 (toll-free)

CONNECTICUT AIDS DRUG ASSISTANCE PROGRAM (CADAP)

The state offers prescription drug coverage for people living with HIV or AIDS who have earnings below 400% of the federal poverty level. The CADAP program covers HIV/AIDS medications and other drugs that may prevent serious deterioration in the health of people with HIV/AIDS.

In addition to the income guidelines, a patient must be a state resident diagnosed by a physician as having AIDS, being HIV positive or symptomatic to be eligible for the program. The patient may have medical insurance that covers prescription drugs and still qualify for the program, although she will be required to apply for Medicaid if she is not already enrolled.

For more information contact:

Connecticut Department of Social Services - CADAP
Medical Operations Unit #4
25 Sigourney Street
Hartford, CT 06106 Telephone: 1-800-233-2503 (toll-free)
TDD/TTY: 1-800-842-4524 (toll-free)
Fax: 860-424-5206

Conn. Gen. Stat. §19a-216a, §19a-582 through §19a-586, §19a-593

Behavioral Health

Behavioral Health services encompass both mental health and addiction treatment. However the term itself, "behavioral health," implies that a patient's behavior is impaired and that she somehow has control over it. This has resulted in additional stigma for women and historic treatment modalities from very different perspectives. Differences between mental health and addiction perspectives remain significant.

DEPRESSION

According to the National Institute of Mental Health, about one in every eight women can expect to develop clinical depression during her lifetime. Depression affects twice as many women as men, regardless of racial and ethnic background or economic status. The same ratio has been reported in ten other countries all over the world.

A variety of factors unique to women's lives are suspected to play a role in developing depression. Research is focused on understanding these, including: reproductive, hormonal, genetic or other biological factors; abuse and oppression; interpersonal factors; and certain psychological and personality characteristics.

Schizophrenia, depression, and alcohol addiction, for example, are all medical conditions as defined by the American Medical Association. Yet while addiction is considered a chronic medical condition by the American Medical Association, the Connecticut Department of Mental Health and Addiction Services has moved toward a recovery oriented service model, in which those suffering from addiction are empowered to initiate and maintain their recovery despite the chronic nature of addiction.

Some behavioral health conditions, such as depression, anxiety disorders, and eating disorders, are more common in women than in men. Past or present trauma can also act as a hidden cause of physical and behavioral disorders that affect women throughout the lifespan.

Women can receive treatment for behavioral health conditions in public and private settings in Connecticut that include both inpatient and outpatient facilities. Treatment is available for mental health and a variety of addictions, including alcohol and other drugs, gambling and tobacco use.

No matter where they receive treatment, women have the right to humane and dignified treatment, with full respect for personal dignity and the right to privacy. They have the right to participate in planning services that meet individual needs and goals, including their discharge from treatment. Women with a psychiatric disability, past or present, cannot be denied employment, housing, licenses, including professional licenses, (or any other civil or legal right.)

For more information on behavioral health services for women:

The Connecticut Women's Consortium
205 Whitney Avenue
New Haven, CT 06511
Telephone: 203-498-4184
Fax: 203-498-418
Website: www.womensconsortium.org

Connecticut Clearinghouse
334 Farmington Avenue
Plainville, CT 06062
Telephone: 1-800--232-4424 (toll-free)
Telephone: 860-793-9791 (Voice/TTY)
Fax: 860-793-9813
Website: www.ctclearinghouse.org

The Connecticut Medicaid program incurs an average of \$810 (in 1996 dollars) in smoking attributable expenditures for each maternal smoker covered by Medicaid. ²⁴

Connecticut Department of Mental Health and Addiction Services (DMHAS)
410 Capitol Avenue
P.O. Box 341431
Hartford, CT 06134
Telephone: 800-446-7348 (toll-free)
Telephone: 860-418-7000
TDD: 888-621-3551 (toll free)
TDD: 860-418-6707

Alcoholics Anonymous: A list of meetings and telephone contact numbers is available on the web at www.ct-aa.org.

Narcotics Anonymous: Information on meetings is available over the telephone at 1-800-627-3543 (toll-free), or on the web at www.ctna.org.

For more information on gambling:

Department of Mental Health and Addiction Services (DMHAS)
Bettor Choices
Statewide Problem Gambling Treatment Services
CT Valley Hospital, Vance Drive, Russell Hall, 1st Floor
Middletown, CT 06457
Telephone: 860-344-2244
Website: www.dmhas.state.ct.us/bettorchoices.htm

Connecticut Council on Problem Gambling
47 Clapboard Hill Road
Guilford, CT 06437
Telephone: 1-203-453-0138
Fax: 1-203-453-9142
Website: www.ccpog.org
Helpline: 1-800-34 NOBET

Gambler's Anonymous Hotline: 1-800-266-1908

For more information on tobacco use, including smoking cessation programs:

The American Lung Association of Connecticut
45 Ash Street
East Hartford, CT 06108-2372
Telephone: 1-800-LUNG USA (toll-free within Connecticut)
Telephone: 860-289-5401
Fax: 860-289-5405
Website: www.alact.org

The Connecticut QuitLine provides information, telephone counseling, and referral to local treatment programs.
Telephone: 1-866-END-HABIT (1-866-363-4224).

COVERAGE OF MENTAL AND BEHAVIORAL HEALTH SERVICES

Under Connecticut state law, “mental health parity” means that group and individual health insurance policies may not differentiate between the benefit structure for traditional health insurance coverage and mental health coverage.

Specifically, a group or individual health plan that offers coverage for medical and surgical conditions must offer coverage for the diagnosis and treatment of mental or nervous conditions. Coverage for mental health services cannot be at a greater expense than the medical and surgical coverage. This includes prohibiting different co-pays, deductibles, and lifetime caps on coverage for mental health and substance abuse coverage than is required

Persons with psychiatric disabilities are presumed competent to make all decisions, even if hospitalized for treatment of psychiatric disabilities. This means that even with a conservator, they still have all their civil rights including the right to vote and sign contracts (such as a lease for an apartment), unless the Probate Court specifically finds the person cannot exercise that right. It also means that one can have an advocate to assist in enforcing rights, even if a conservator has been appointed and the conservator objects.

A person may voluntarily admit themselves into an inpatient psychiatric hospital. If they are a voluntary patient and choose to leave at a later date, they must give the hospital a three-day

Women overall drink less than men, but are more likely to experience adverse consequences, including damage to the heart muscle, liver, and brain, trauma resulting from auto crashes, interpersonal violence, and death.²⁵

for physical health care coverage. It also requires coverage for services provided by a licensed or certified alcohol and drug counselor in a residential treatment facility, as well as outpatient services provided in certain settings such as a nonprofit community mental health center. In the case of an emergency, patients may seek care at any hospital, even if it is not in their HMO network. An emergency is viewed as a situation in which an individual may cause life-threatening harm to herself/himself or others.

However, these requirements do not apply to self-insured policies that are exempt from state insurance requirements.²⁶ The Federal Mental Health Parity Act also may apply in certain cases. It requires parity in the application of aggregate lifetime and annual dollar limits on mental health benefits with dollar limits on medical/surgical benefits. However, the federal provisions do not apply to benefits for substance abuse.

For more information:

Office of the Healthcare Advocate

P.O. Box 1543

Hartford, CT 06144

Toll Free: 866-HMO-4446

Fax: 860-297-3992

Website: www.ct.gov/oha

Conn. Gen. Stat. §38a-488a, §38a-514

INPATIENT PSYCHIATRIC CARE

In-patient psychiatric hospitals: In Connecticut, women brought to a state hospital by a male guard, attendant or correctional or law enforcement officer have the right to have an adult family member or at least one woman present.

notice that they wish to leave. The hospital can keep the person for 3 days after the request to leave is signed. During this time, the hospital can apply to the Probate Court to have the person civilly committed and enforce a stay in the hospital. If they do this, the person might have to wait up to 15 days in the hospital while they get ready for a hearing.

If the health care provider decides that there is a psychiatric illness, a danger to the self or others, or a grave disability, they can hospitalize a person against their will for up to 30 days, depending on the timing of an involuntary commitment hearing with the Probate Court.

Whether a voluntary or involuntary patient at the hospital, the following rights apply:

The right to:

- send and receive mail,
- make and receive telephone calls and access to public telephones in appropriate locations
- have visitors at regular hours,
- visits by clergy, lawyer or physician at any time,
- wear own clothes, keep and use personal possessions, including toilet articles,
- access individual storage space for possessions, and
- spend a reasonable sum of money on small purchases.

Some of these rights may be denied or limited only if the head of the hospital or this person’s representative decides that it would be medically harmful to exercise these rights. These rights do not apply to patients in a program or facility for substance abuse.

No medical or surgical procedures may be performed without written informed consent, unless the condition is of an extremely critical nature and the head of the hospital and a health care provider follow certain procedures. Also, except in an emergency, the hospital can’t

force the taking of medication without informed consent, unless they have an internal hearing or apply to the Probate Court for a hearing. In Connecticut, a person receiving outpatient services cannot be forced to take medications for the treatment of mental illness without consent, even with a conservator. (Note: This does not apply to persons under the jurisdiction of the criminal justice systems).

Psychosurgery or shock therapy can't be given to without informed consent. For shock treatment there is an exception: if the head of the hospital and two health care providers determine that a person is not capable of giving informed consent and the Probate Court agrees.

NOTE: Any person has the right to an attorney for representation in any of these Probate Court proceedings and to argue for the person's preferences, not what the attorney thinks is best.

Seclusion and restraint may be used only in an emergency to prevent immediate or imminent injury to the person at risk or to others, but not for discipline or as a substitute for a less restrictive measure, and a health care provider has ordered it. Restraint and seclusion orders are limited to three hours, but restraints must be terminated at the earliest possible time. Restraint orders cannot be continued unless imminent danger remains to the self or others, as assessed by a physician or nurse and ordered by a physician. If consent is given, family members must be notified when restraints are ordered.

Recovery Oriented Services. State and federal agencies which fund mental health services have recognized that the system of care must restore or develop the individual's positive and meaningful sense of identity apart from his or her illness and assist the person to rebuild his or her life despite or within the limitations imposed by that condition. This shifts the emphasis of services onto person-centered planning which supports individual goals and preferences.

ORAL HEALTH

Every woman needs to maintain her oral health throughout her lifespan. During regular check ups, dentists can find signs of nutritional deficiencies, diseases, infections, immune disorders, injuries, and some cancers.

Changing hormone levels during puberty, menstruation, and menopause can all cause changes in oral health, such as gingivitis during puberty and pregnancy, or bone weakness during menopause.

Good dental care is an important part of women's health care during pregnancy and the post-partum period, since changes in oral health can seriously compromise a woman's health as well as the health of the fetus.

Some providers such as community health centers or dental clinics at hospitals offer certain free or reduced price services. For more information, call 2-1-1 Infoline.

The state Department of Public Health reports that in 1999, 8.3% of pregnant Connecticut women smoked, which is one of the 10 lowest rates in the United States.²⁷

Every health care provider is required to have a grievance procedure to resolve complaints. In addition, a person who believes their rights have been violated may have the right to a hearing from DMHAS or DCF, file a complaint with the Department of Public Health, or file a complaint with the federal Center for Medicare and Medicaid Services (part of the Department of Health and Human Services).

For more information, contact:

The Connecticut Office of Protection and Advocacy for Persons with Disabilities

60B Weston Street

Hartford, CT 06120-1551

Telephone: 860-297-4300

Toll-Free Voice/TTY: 1-800-842-7303

TTY: 860-297-4380

Fax: 860-566-8714

Website: www.ct.gov/opapd

The Connecticut Legal Rights Project

Connecticut Valley Hospital

P.O. Box 351, Silver Street

Middletown, CT 06457

Telephone: 860-262-5030

Toll Free: 877-402-2299

Fax: 860-262-5035

Statewide Legal Services

Telephone in Hartford and Middletown: 860-344-0380

All other locations toll-free: 1-800-453-3320

Website: www.slsct.org

NAMI - CT

30 Jordan Lane

Wethersfield, CT 06109

Telephone: 860-882-0236

Toll-free: 1-800-215-3021

Fax: 860-882-0240

Website: www.namict.org

Conn. Gen. Stat. §17a-502, §17a-505, §17a-506, §17a-540 through §17a-550

Services and Rights For Women With Disabilities

Women with disabilities have a number of options for health care that meets their needs. A list of accessible health care providers in Connecticut is given in the resource section. The federal Americans with Disabilities Act (ADA) provides additional protections to women.

AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) gives federal civil rights protections to people with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees equal opportunity for people with disabilities in employment, transportation, state and local government services, telecommunications, and public accommodations. Most health care providers are required to comply with the Act, which sets general standards for accessibility of medical facilities. The ADA does not cover private clubs or places run by religious organizations.

The ADA prohibits discrimination by all private employers with fifteen or more employees. In addition, the ADA prohibits all government agencies, no matter how many people work there,

from employment discrimination against qualified individuals with disabilities. The ADA prohibits discrimination in all employment practices including wages and benefits (such as health insurance).

An individual is considered to have a “disability” if she or he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The ADA also prohibits discrimination by state and local governments on the basis of disability when providing programs and services. This means that they must accommodate the needs of persons with all disabilities, including psychiatric disabilities. It also specifically means that services must be provided in the most integrated setting appropriate to the needs of qualified individuals with disabilities. It is discrimination to unnecessarily institutionalize or segregate persons with disabilities. (For more information, contact the Olmsted Coalition, listed below.)

Connecticut Constitution. The Equal Protection clause of the Connecticut State Constitution prohibits discrimination in the exercise or enjoyment of civil or political rights on the basis of “physical or mental disability”.

For more information contact:

Americans with Disabilities Act Coalition of Connecticut, Inc.
60B Weston Street
Hartford, CT 06120-1551
Voice: 860-297-4383
Fax: 860-566-8714
Website: www.adacc.net

The Connecticut Office of Protection and Advocacy for Persons with Disabilities
60B Weston Street
Hartford, CT 06120-1551
Voice: 860-297-4300
Toll-free Voice/TTY: 1-800-842-7303
TTY: 860-297-4380
Fax: 860-566-8714
Website: www.ct.gov/opapd

The Connecticut Olmstead Coalition
151 New Park Road, Suite 5B
Hartford, CT 06106
Telephone: 860-656-0430
Fax: 860-656-0496
Website: www.ctolmstead.org

U.S. Department of Justice
Civil Rights Division
Disability Rights Section
Voice toll-free: 1-800-514-0301
TTY toll-free: 1-800-514-0383
Fax: 202-307-1197
ADA home page: www.ada.gov

See also the federal Americans with Disabilities Act, 42 U.S.C. (1994), available at www.ada.gov

DIABETES MELLITUS

During the 1990s, the prevalence of diagnosed diabetes in the U.S. increased by one third. The Centers for Disease Control and Prevention reported that diabetes affected approximately 70,000 Connecticut women aged 18 and over, with another 35,000 women estimated to have the disease but who had not been diagnosed (as of 1998).

The prevalence of diabetes is two to four times higher among African-American, Hispanic, American Indian and Asian Pacific Islander women than among white women. Diabetes is the fourth leading cause of death in African Native and Hispanic women, the sixth leading cause in women, and the seventh cause in white women.

Left untreated, diabetes can lead to severe vision loss, heart disease, stroke, kidney disease, and amputation of the lower limbs. Diabetes can be controlled through a proper diet, weight loss, exercise, or the use of medications.

Group and individual health insurance policies in Connecticut are required to pay for laboratory and diagnostic tests for all types of diabetes, as well as medically necessary equipment, drugs, and supplies for insulin-dependent, insulin using, gestational, and non-insulin using diabetes. Outpatient self-management training must also be covered, as long as it is prescribed by a licensed health provider.

Conn. Gen. Stat. § 38a-518d, § 38a-518e, § 38a-492d, § 38a-492e

Statutory References

Listed in the order that references appear in the text.

TOPIC	CONN. STATUTE(S) & FEDERAL INFORMATION
1. OB/GYN visits, accessing without a referral	Connecticut General Statute §38a-503b, §38a-530b
2. Infertility treatments, insurance coverage for	Connecticut General Statute §38a-536
3. Minors	Connecticut General Statute §19a-216a, §19a-582, §19a-601, Social Security Act, Sec. 1905. [42 U.S.C. 1396d]
4. Pregnancy termination/abortion	Connecticut General Statute §19a-601, §19a-602, Public Law 104-52, Roe v. Wade, 410 U.S. 113
5. Prescription birth control, insurance coverage for	Connecticut General Statute §38a-503e, §38a-530e, Social Security Act, Sec. 1905. [42 U.S.C. 1396d]
6. Sexually transmitted diseases	Connecticut General Statute §19a-216a
7. Hospital stay, insurance coverage for	Connecticut General Statute §38a-503c, §38a-530c
8. Rights to employment during pregnancy	Connecticut General Statute §31-40g, §31-40t, §46a-60
9. Family and Medical Leave	Connecticut General Statute §5-248a, §5-248b, §31-51kk through §31-51pp
10. Lactation at work	Connecticut General Statute §31-40w
11. Breast cancer screening and treatment	Connecticut General Statute §38a-503, §38a-530
12. Mastectomy care, insurance coverage for	Connecticut General Statute §38a-503d, §38a-530d
13. Breast reconstructive surgery, insurance coverage for	Connecticut General Statute §38a-504, §38a-542
14. Breast cancer survivors, insurance coverage for	Connecticut General Statute §38a-503a, §38a-530a
15. Cervical cancer screening and treatment	Connecticut General Statute §17b-278b, §19a-266
16. Domestic violence	Connecticut General Statute §31-236, §46b-38b
17. Sexual assault	Connecticut General Statute §18-81e, §19a-112a, §19a-112b, §52-146k, §54-86j
18. HIV testing and AIDS	Connecticut General Statute §19a-216a, §19a-582 through §19a-586, §19a-593
19. Behavioral health services, insurance coverage for	Connecticut General Statute §38a-488a, §38a-514
20. Behavioral health services	Connecticut General Statute §17a-502, §17a-505, §17a-506, §17a-540 through §17a-550
21. Diabetes tests and supplies, insurance coverage for	Connecticut General Statute §38a-518d, §38a-518e, §38a-492d, §38a-492e

Unless otherwise noted, this Guide reflects changes in the law as of June 2006. Check to see if there are any statutory changes since that date. The statutes are available through the General Assembly website, www.cga.ct.gov. Users should also be aware that statutes may be affected by subsequent court rulings, Attorney General opinions, rules of evidence, and case law.

Appendices

Some older women and women with disabilities are particularly vulnerable to circumstances in which they are unable to make decisions and communicate their wishes. An understanding of advance directives and conservators is important.

ADVANCE DIRECTIVES AND LIVING WILLS

Advance directives are legal documents that plan in advance for treatment in the event that a woman is unable to communicate preferences at some point in the future. They are prepared before any condition or circumstance occurs that causes the person to be unable to make or communicate such decisions. There are different types of advance directives authorized by state statutes, which include procedures to prepare a living will, make an organ or tissue donation, and appoint a person to make health care decisions.

Further information about advance directives, including forms and procedures, is available at the Connecticut Attorney General's website at www.ct.gov/ag/ under "Health Issues".

CONSERVATORS

If a woman is unable to manage her own finances or personal decisions, a hearing may be held in the Probate Court to have a conservator appointed to make those decisions. While this may be well-intentioned, it can result in actions that were not wanted, such as nursing home placement. New state laws have been enacted to require that conservators explore community services before placing a person in a nursing home. However, a woman should plan ahead to decide who she wants making decisions for her if unable to do so herself.

See Connecticut Public Acts 05-154 and 05-155.

For more information, contact:

CHOICES program

The Connecticut Area Agencies on Aging, with the Department of Social Services, and the Center for Medicare Advocacy
Telephone: 1-800-994-9422 (toll-free)

Elder law website run by Connecticut Legal Services:
www.ctelderlaw.org

For situations related to behavioral health:

The Connecticut Legal Rights Project
Connecticut Valley Hospital
P.O. Box 351, Silver Street
Middletown, CT 06457
Telephone: 860-262-5030
Toll Free: 877-402-2299
Fax: 860-262-5035

CONFIDENTIALITY OF MEDICAL RECORDS

Under a federal law called HIPAA (the Health Insurance Portability and Accountability Act), the privacy of medical information and records is protected. HIPAA applies to health care providers, including health care providers, dentists, hospitals, nursing homes, pharmacists, chiropractors, laboratories, and health insurance plans (including Medicaid, HUSKY, and Medicare). It also applies to many behavioral health care providers, but not all of them.

HIPAA protects any individually identifiable information related to past, present, or future physical or mental health conditions. This includes a name, address, telephone number, Social Security number, birth date, diagnosis and treatment information. Health information from the past - even from years ago - is protected in the same way as information about current medical conditions.

Medical records may include:

- individual and family medical history,
- medications that have been prescribed,
- behavioral health records,
- hospital records, including admission, discharge, and emergency room records,
- results of lab tests, x-rays, MRIs, etc., and results of any genetic testing,
- results of operations/procedures,
- lifestyle details (such as smoking or substance abuse),
- information on participation in medical research projects, and
- information on applications for insurance policies.

Although medical records are typically kept confidential, in some circumstances, HIPAA allows health care providers to disclose protected health information without consent. In general, records may be disclosed:

- to other health care providers involved in care or treatment,
- to get a second opinion,
- to insurance companies to process claims,
- to report known or suspected abuse or neglect to the proper authorities,
- to the state Commissioner of Public Health in connection with an investigation of a complaint,
- in response to a subpoena,
- in cases where risk of harm is a concern,
- to those that oversee the health care business (such as auditors, quality improvement staff, and collection agencies),
- for quality review and oversight,
- to investigate fraud and abuse,
- if plan to sue the health care provider for malpractice, and
- to evaluate the care delivered by a provider.

Patients have the right to request that the provider limit disclosure of information for treatment, for payment or for operating the health care facility. But the provider does not have to agree to the request. There is also a right to request a limit on disclosure of information to someone involved in care, such as a family member or friend.

Hospital directories. If an inpatient in a hospital, the hospital can disclose the location and general condition to people who ask by name. This information, including religious affiliation, may be disclosed to clergy. One can request to be excluded from the patient directory.

Communicating with medical offices. Patients have the right to request that health care providers communicate in a way that keeps information private. For example, mailings can be sent in a sealed envelope instead of by postcard, mail can be sent to a post office box instead of a street address, and calls can be made to a home rather than a work number (or vice versa).

Getting a copy of medical records. Patients can request a copy of health records, usually in writing, from health care providers. The provider has to respond within 30 days, although under some circumstances, the provider can take another 30 days to respond with reason. The health care provider can deny the request for a number of reasons, including if the provider believes that releasing the record will endanger a person's life or physical safety, or the life or physical safety of someone else. In many cases, there is a right to a review of the denial.

Patients can ask the provider to change or correct health information in the record that seems incorrect or incomplete.

Finding out who has received records. Patients can find out some of the people who have gotten access to their medical records within the last six years by asking for an "accounting of disclosures" under HIPAA. The report has to be provided for free once a year. This information is limited, since the requirement only went into effect on April 1, 2003 and providers don't have to track disclosures before then. Providers also don't have to track disclosures to other medical providers or to insurance companies.

HIV-related information. In Connecticut, there are additional protections for disclosing HIV-related information. See the HIV section above for more details.

Substance abuse treatment. There are additional federal privacy protections for the diagnostic or treatment records of anyone receiving treatment for drug or alcohol abuse. Federal law generally requires consent before a provider can release this information, including identity or results of any test such as a urinalysis.

For more information on privacy rights, contact:

Office for Civil Rights
U.S. Department of Health and Human Services,
John F. Kennedy Federal Building, Room 1875
Boston, MA 02203
Telephone: 617-565-1340

TDD: 617-565-1343

Fax: 617-565-3809

Website: www.hhs.gov/ocr/hipaa

"Your Medical Records and Your Privacy: A Guide for Massachusetts Consumers" is a helpful guide that was written for consumers in the state of Massachusetts, but most of it also applies to Connecticut, since HIPAA is part of federal law.

Available from:

Health Law Advocates, Inc.
30 Winter Street, Suite 940
Boston, MA 02108
Telephone: 617-338-5241
Fax: 617-338-5242
Website: www.hla-inc.org

See also:

HIPAA - 45 CFR Parts 160 and Subparts A and E of Part 164, available at: www.hhs.gov/ocr/hipaa/finalreg.html
Substance abuse privacy - 42 U.S.C. 290dd-3, available at www.ucop.edu/raohome/certs/42290dd3.html

Resources

ACCESSIBLE WOMEN'S HEALTH CARE FACILITIES

Planned Parenthood of Connecticut Easy Access Centers

- Bridgeport: 203-366-0664
- Manchester: 860-643-1607
- New Haven: 203- 503-0450
- New London: 860-443-5820
- Gaylord Hospital. Gynecological and obstetric care is provided from noon to 4:00PM on the second and fourth Tuesdays of each month. Physician and nursing services are provided by County Obstetrics and Gynecology Group, P.C. at Gaylord's Sophie Dutton examination room in the hospital's Outpatient Department in Wallingford. Appointments are made through County Obstetrics, telephone 203-315-7079.
- Saint Mary's Hospital
Family Health Center
51 North Elm Street
Waterbury, CT 06702
Telephone: 203- 596-3800
- New Britain General Hospital
Outpatient Clinic
100 Grant Street
New Britain, CT 06052
Telephone: 860-224-5900, ext. 5261

In addition to an accessible examination table, New Britain General has a mammography unit that can be used in a lying or sitting position, and also hydraulic chairs with removable arms. The hospital uses a variety of alternative communication devices.

- Community Health Center, Inc.
114 East Main Street
Clinton, CT 06413
Telephone: 860-395-5026
Website: www.chcl.com

CHC/Clinton is an accessible facility with handicapped parking. The site is on the bus-line for the Estuary's van service. With 24-hour notice, CHC provides sign language interpreters. CHC/Clinton accepts SSI coverage, as well as seniors with Medicare coverage and uninsured persons. CHC offers the federal sliding fee scale to all patients whose incomes fall within annually updated parameters.

- Members of the Connecticut Women with Disabilities Network (CWDN), also report that the following private physicians and facilities provide accessible women's health services:
 - Dr. Julie Flagg, Middletown: 860-344-9993
 - Dr. Anna Tirado, Branford and New Haven: 203-488-8306
 - Dr. Emily Fine, Hamden: 203-230-2939
 - Gynecology and Obstetrics, Hartford: 860-246-8568
 - Women's Health Specialty Care, Farmington (Urogynecology): 860-678-7300

**For more information, contact
The Connecticut Women and Disability Network Inc.**
60B Weston Street
Hartford, CT 06120-1551
Voice: 860 297-4375
Fax: 860 566-8714

Advocacy for Patients with Chronic Illness, Inc.

c/o Jennifer C. Jaff
18 Timberline Drive
Farmington, CT 06032
Telephone: 860-674-1370
Patient_advocate@sbcgloal.net
Website: www.advocacyforpatients.org

Alcoholics Anonymous

Connecticut General Service Committee
Website: www.ct-aa.org

American Cancer Society, Connecticut Chapter

Barnes Park South, P.O. Box 410
14 Village Lane
Wallingford, CT 06492
Telephone: 203-265-7161
Toll-free: 1-800-227-2345
Fax: 203-265-0281
Website: www.cancer.org

American Heart Association

5 Brookside Drive
P.O. Box 5022
Wallingford, CT 06492
Telephone: 203-294-0088
Fax: 203-294-3577
Website: www.americanheart.org

American Lung Association of Connecticut

45 Ash Street
East Hartford, CT 06108-2372
Telephone: 1-800-LUNG USA (toll-free within Connecticut)
Telephone: 860-289-5401
Fax: 860-289-5405
Website: www.alact.org

Americans with Disabilities Act Coalition of Connecticut, Inc.

60B Weston Street
Hartford, CT 06120-1551
Voice: 860-297-4383
Fax: 860-566-8714
Website: www.ADACC.net

BREAST AND CERVICAL CANCER SCREENING SITES

Note that according to the Department of Public Health all sites are wheelchair accessible and should have special exam tables to accommodate women with disabilities.

Bridgeport Planned Parenthood	203-332-1388
Danbury Hospital	203-731-8668
Hartford Hospital	860-545-5363
Saint Francis Hospital & Medical Center	860-714-6400
Meriden Midstate Medical Center	203-630-5226
Middletown Community Health Center	860-347-6971 ext. 3513
New Britain General Hospital	860-224-5505
New Haven Hospital of Saint Raphael	203-867-5436
Yale-New Haven Hospital	203-688-5555
New London Lawrence and Memorial Hospital	860-442-0711 ext. 2197
Norwalk Hospital	203-852-2887
Norwich: William W. Backus Hospital	860-823-6318
Putnam Day Kimball Hospital	860-963-5331
Shelton Planned Parenthood	203-924-7756
Torrington: Charlotte Hungerford Hospital	860-496-6513
Vernon Women's Center for Wellness	860-872-7833
Waterbury: Saint Mary's Hospital	203-709-3812
Windham Community Memorial Hospital	860-456-6896

Center for Medicare Advocacy

P.O. Box 350
Willimantic, CT 06226
Telephone: 1-800-262-4414 (toll-free)
860-456-7790 - TDD available
Fax: 860-456-2614.
Website: medicareadvocacy.org

CHOICES program

The Connecticut Area Agencies on Aging, with the Department of Social Services, and the Center for Medicare Advocacy
Telephone: 1-800-994-9422 (toll-free)

Connecticut AIDS Resource Coalition

20-28 Sargeant Street
Hartford, CT 06105
Telephone: 860-761-6699
Fax: 860-761-6711
Website: www.ctaidshousing.org
E-mail: info@ctaidscoalition.org

Connecticut Breast Cancer Coalition/Foundation

P.O. Box 1297
Weston, CT 06883
Website: www.cbccf.org

Connecticut Clearinghouse

334 Farmington Avenue
Plainville, CT 06062
Telephone: 1-800--232-4424 (toll-free)
Telephone: 860-793-9791 (Voice/TTY)
Fax: 860-793-9813
Website: www.ctclearinghouse.org

Connecticut Coalition Against Domestic Violence

90 Pitkin Street
East Hartford, CT 06108
Telephone: 860-282-7899
Toll-free: 1-800-281-1481 (Connecticut only)
Fax 860-282-7892
Website: www.ctcadv.org

Connecticut Community Care, Inc.

43 Enterprise Drive
Bristol, Connecticut 06010-7472
Telephone: 860-589-6226
Fax: 860-585-0858
Website: www.ctcommunitycare.org

CONNECTICUT STATE AGENCIES**Connecticut Department of Insurance**

P.O. Box 816
Hartford CT 06142-081
Telephone: 1-800-203-3447 (toll-free; CT only)
Office: 860-297-3800
Fax: 860-566-7410
Website: www.ct.gov/cid

Connecticut Department of Labor

200 Folly Brook Boulevard
Wethersfield, CT 06109
Telephone: 860-263-6791
TTY/TDD: 860-263-6074
Fax: 860-263-6541
Website: www.ctdol.state.ct.us

Connecticut Department of Mental Health and Addiction Services (DMHAS)

410 Capitol Avenue
P.O. Box 341431
Hartford, CT 06134
Telephone: 800-446-7348 (toll-free)
Telephone: 860-418-7000
TDD: 888-621-3551 (toll free)
TDD: 860-418-6707

Department of Mental Health and Addiction Services (DMHAS) Better Choices

Statewide Problem Gambling Treatment Services
CT Valley Hospital, Vance Drive, Russell Hall, 1st Floor
Middletown, CT 06457
Telephone: 860-344-2244
Website: www.dmhas.state.ct.us/betterchoices.htm

Connecticut Department of Public Health AIDS and Chronic Diseases Programs

410 Capitol Ave, MS#11APV
Hartford, CT 06134
Telephone: 860-509-7801
Fax: 860-509-7853
Website: www.dph.state.ct.us/BCH/AIDS/HPAIDS.html

Connecticut Department of Public Health Breast and Cervical Cancer Early Detection Program

410 Capitol Avenue
Hartford, CT 06106
Telephone: 860-509-7794
Fax: 860-509-7853
Website: www.dph.state.ct.us/BCH/HEI/breast_and_cervical_cancer.htm

Connecticut Department of Public Health Sexually Transmitted Disease Control Program

410 Capitol Avenue
Hartford, CT 06134
Telephone: 860-509-7920
Fax: 860-509-7275
Website: www.dph.state.ct.us/BCH/infectiousdise/sexually.htm

Connecticut Department of Social Services

25 Sigourney Street
Hartford, CT 06106-5033
Telephone: 1-800-842-1508
Website: www.ct.gov/dss

Connecticut Department of Social Services - CADAP

Medical Operations Unit #4
25 Sigourney Street
Hartford, CT 06106
Telephone: 1-800-233-2503 (toll-free)
TDD/TTY: 1-800-842-4524 (toll-free)
Fax: 860-424-5206

Office of the Healthcare Advocate

P.O. Box 1543
Hartford, CT 06144
Toll Free: 866-HMO-4446
Fax: 860-297-3992
Website: www.oha.state.ct.us

Office of Protection and Advocacy for Persons with Disabilities

60B Weston Street
Hartford, CT 06120-1551
Telephone: 860-297-4300
Toll-free Voice/TTY: 1-800-842-7303
TTY: 860-297-4380
Fax: 860-566-8714
Website: www.ct.gov/opapd

Connecticut Council on Problem Gambling

47 Clapboard Hill Road
Guilford, CT 06437
Telephone: 1-203-453-0138
Fax: 1-203-453-9142
Website: www.ccpvg.org
Helpline: 1-800-34 NOBET

The Connecticut Legal Rights Project

Connecticut Valley Hospital
P.O. Box 351, Silver Street
Middletown, CT 06457
Telephone: 860-262-5030
Toll Free: 877-402-2299
Fax: 860-262-5035

The Connecticut Olmstead Coalition

151 New Park Road, Suite 5B
Hartford, CT 06106
Telephone: 860-656-0430
Fax: 860-656-0496
Website: www.ctolmstead.org

Connecticut Pregnancy Exposure Information Service**Division of Human Genetics****Department of Pediatrics**

University of Connecticut Health Center
65 Kane Street, 1st Floor
West Hartford, CT 06119
Telephone: 860-523-6419
Toll-free: 1-800-325-5391
Website: www.docdb.uchc.edu/Genetics/PregnancyExposure.htm
Connecticut Primary Care Association
90 Brainard Road
Hartford, CT 06114
Telephone: 860 727-0004
Fax: 860-727-8550
Website: www.ctpca.org

Connecticut QuitLine

Telephone: 1-866-END-HABIT (1-866-363-4224).

Connecticut Sexual Assault Crisis Services (CONNSACS)

96 Pitkin Street
East Hartford, CT 06108
Telephone: 860-282-9881
Fax: 860-291-9335
Toll-free Hotline: 1-888-999-5545
Toll-free Spanish Response Service: 1-888-568-833
Website: www.connsacs.org

The Connecticut Women and Disability Network Inc.

60B Weston Street
Hartford, CT 06120-1551
Voice: 860 297-4375
Fax: 860 566-8714

Connecticut Women's

205 Whitney Avenue
New Haven, CT 06511
Telephone: 203-498-4184
Fax: 203-498-4189
Website: www.womensconsortium.org

Connecticut Women's Education and Legal Fund (CWEALF)

135 Broad Street
Hartford, CT 06105
Telephone: 860-247-6090
Information & Referral: 860-524-0601 or toll-free: 1-800-479-2949
Fax: 860-524-0804
Website: www.cwealf.org

ConnPACE

PO Box 5011
Hartford, CT 06102
Telephone: 1-800-423-5026 (toll-free; CT only)
1-860-832-9265 (Hartford area or from out of state)
Website: www.connpace.com

Family Services Woodfield**Deaf Outreach Services**

475 Clinton Avenue
Bridgeport, CT 06605
Voice: 203 368-5516
Toll-free TTY: 1-888-676-8554
Fax: 203 368-1239
Website: www.fswinc.org/Our_Services/deaf.htm

FEDERAL GOVERNMENT AGENCIES**Office for Civil Rights****U.S. Department of Health and Human Services**

John F. Kennedy Federal Building, Room 1875
Boston, MA 02203
Telephone: 617-565-1340
TDD: 617-565-1343
Fax: 617-565-3809
Website: www.hhs.gov/ocr/hipaa

U.S. Department of Justice**Civil Rights Division**

Disability Rights Section
Voice toll-free: 1-800-514-0301
TTY toll-free: 1-800-514-0383
ADA home page: www.usdoj.gov/crt/ada/adahom1.htm

U.S. Department of Labor

Telephone: 860-240-4160 (Hartford)
Telephone: 203-773-2249 (New Haven)
Website: www.dol.gov/esa/regs/compliance/whd/whdfs28.htm
- Family and Medical Leave Act

U.S. Department of Labor**Employee Benefits Security Administration**

Division of Technical Assistance and Inquiries
200 Constitution Avenue NW, Suite N-5619
Washington, DC 20210
Telephone: 1-866-444-3272 (toll-free)
Website: www.dol.gov/ebsa - Employee benefits, including COBRA

Gambler's Anonymous Hotline: 1-800-266-1908**Hartford Gay and Lesbian Health Collective (HGLHC)**

1841 Broad Street
Hartford, CT 06114
Telephone: 860-278-4163
Fax: 860-278-5995
Website: www.hglhc.org

Health Law Advocates, Inc.

30 Winter Street, Suite 940
Boston, MA 02108
Telephone: 617-338-5241
Fax: 617-338-5242
Website: www.hla-inc.org

Health Net Federal Services

Telephone: 1-877-TRICARE (1-877-874-2273) (toll-free)
Website: www.tricare.osd.mil

HRSA Pharmacy Services Support Center

American Pharmacists Association
2215 Constitution Avenue, NW
Washington, DC 20037-2985
PSSC Call Center: 1-800-628-6297 (toll-free)
Telephone: 202-429-7518
Fax: 202-223-7193

HUSKY Infoline

Telephone: 1-877-CT-HUSKY (1-877-284-8759) (toll-free)
Website: www.huskyhealth.com

Legal Assistance Resource Center of Connecticut (LARCC)

80 Jefferson Street
Hartford, CT 06106
Telephone: 860-278-5688
Fax: 860-278-2957
Website: www.larcc.org

NAMI - CT

30 Jordan Lane
Wethersfield, CT 06109
Telephone: 860-882-0236
Toll-free: 1-800-215-3021
Fax: 860-882-0240
Website: www.namict.org

NARAL Pro-Choice Connecticut

135 Broad Street
Hartford, CT 06105
Telephone: 860-524-1086
Fax: 860-524-1092
Website: www.pro-choicect.org

Narcotics Anonymous, Connecticut Region

Telephone: 1-800-627-3543 (toll-free)
Website: www.ctna.org

National AIDS Hotline: 1-800-342-2437 (toll-free); Spanish:
1-800-344-7432 (toll-free)

National Domestic Violence Hotline toll-free:

1-800-799-SAFE (799-7233)

National Older Women's League, Connecticut Chapter

www.owl-national.org

National Ovarian Cancer Coalition, Connecticut Division

National helpline: 1-888-OVARIAN
www.ovarian.org

National Partnership for Women and Families

1875 Connecticut Avenue, NW, Suite 650
Washington, DC 20009
Phone: 202-986-2600
Fax: 202-986-2539
Website: www.nationalpartnership.org

Planned Parenthood of Connecticut

345 Whitney Avenue
New Haven, CT 06511
Telephone: 203-865-5158
Toll-free: 1-800-230-PLAN (in Connecticut only)
Emergency contraceptive hotline: 1-800-NOT-2-LATE (toll-free)
Fax: 203-624-1333
Website: www.ppct.org

Qualidigm

100 Roscommon Drive
Middletown, CT 06457
Telephone: 860-632-6384
Toll-free: 1-800-553-7590
Fax: 860-632-5865
Website: www.qualidigm.org

Statewide Legal Services

Telephone in Hartford and Middletown: 860-344-0380
Offices throughout the state; call toll free to find an area location:
1-800-453-3320
Website: www.slsct.org

Endnotes

- ¹ Henry J. Kaiser Family Foundation, "Women's Health Policy Facts: Women's Health Insurance Coverage", March 2006.
- ² M. Merlis, "Family Out-Of-Pocket Spending for Health Services: A Continuing Source of Financial Insecurity," Commonwealth Fund, June 2002.
- ³ Henry J. Kaiser Family Foundation, "State Estimates of Health Insurance Coverage of Women Ages 18 to 64, 2003-2004", March 2006.
- ⁴ This general rule may not apply to employers who enter into collective bargaining agreements with unions.
- ⁵ Connecticut Office of Managed Care Ombudsman, "Highlights of the Mental Health Parity Law", undated.
- ⁶ D.U. Himmelstein et al., "Illness and Injury as Contributors to Bankruptcy," Health Affairs, 2 February 2005.
- ⁷ When leaving an employer that has a group insurance plan, an individual should receive a "certificate of creditable coverage" that can be used to prove coverage when enrolling in a new group plan.
- ⁸ Connecticut Voices for Children, Births to Mothers in HUSKY A by Town, June 2005.
- ⁹ Findings from the 2006 PCSW Women's Issues Poll conducted by the Center for Survey Research and Analysis at the University of Connecticut.
- ¹⁰ A religious employer" means an employer that is a "qualified church-controlled organization" as defined in 26 USC 3121 or a church-affiliated organization
- ¹¹ The Guttmacher Institute, State Center. Contraception Counts: Connecticut. Accessed July 2006.
- ¹² Ibid.
- ¹³ Ibid. Findings from the 2006 PCSW Women's Issues Poll.
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Connecticut Women's
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